**MM10 Notification of Conflict of Interest**

Centres are expected to notify BIIAB Qualifications Limited as soon as possible of any instances of a disclosed or potential conflict of interest and to co-operate fully with any actions or recommendations required / recommended by BIIAB to mitigate any potential Adverse Effect. Please submit this completed form via email to [complianceandregulation@biiab.co.uk](mailto:complianceandregulation@biiab.co.uk) and include your current **Conflict of Interest Policy** - thank you.

**SECTION A – GENERAL**

|  |  |
| --- | --- |
| **Centre Name** |  |
| **Full Qualification Title** |  |
| **Qualification Code (as applicable)** |  |
| **Name of person reporting** |  |
| **Job Title** |  |
| **Contact Email** |  |
| **Contact Telephone Number** |  |

**SECTION B – NATURE OF CONFLICT OF INTEREST**

|  |  |
| --- | --- |
| **Date made aware of Conflict of Interest** |  |
| **Describe the nature of the Conflict of Interest** | |
|  | |
| **Describe any actions taken / to be taken as a result of this Conflict of Interest** | |
|  | |