End Point Assessment - Declaration of Interest FORM

This declaration confirms the relationship and interests of staff members involved in the End-point Assessments that the University undertakes as part of our apprenticeship programme. Every member of staff involved in the EPA is required to review and declare with respect to the employer organisation set out below:

- Any personal, financial, familial or other link or interest
- Any financial, familial or other personal interests of spouses, partners or close family members

Guidance

- 1. This form should be completed in accordance with the Whistle Blowing Policy available from https://www1.chester.ac.uk/degree-apprenticeships/policy-info
- 2. Declarations must describe the interest clearly and confirm whether this is a direct interest, in that it relates to the staff member or an indirect interest, in that it relates to a staff member.
- 3. All documents will be held by the University Secretary & Secretary to the University Council contactable on adrian.leee@chester.ac.uk

EPA Em Organis									
DECLARATION member			nfirm that neither I, nor my spouse, partners or other family s have any conflict of interest with the employer organisation bove:						
Signed					Date				
Name					Date				
DECLARATION OF INTERES			I can confirm that mine, my spouse, partners and other family interests in the employer organisation named above are as set out below:						
DECLAR	RATION OF	INTEREST	interests in the en			-			
DECLAR Signed	RATION OF	INTEREST	interests in the en		named ab	-			
	RATION OF	INTEREST	interests in the en			-			
Signed	Indirect	INTEREST Nature of	interests in the en out below:		named ab	-			
Signed Name			interests in the en out below:		named ab	-			
Signed Name Direct	Indirect	Nature of	interests in the en out below: interest	nployer organisation n	Date	oove are as set			
Signed Name Direct	Indirect	Nature of	interests in the en out below: interest		Date	oove are as set			
Signed Name Direct	Indirect	Nature of	interests in the en out below: interest	nployer organisation n	Date	oove are as set			

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Action Response: PTO

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	No Conflict: No action required		
ACTION	Conflict: Reassign		
	Conflict: Mitigating Action (see below)		
Authorised Signature		Date	
Name			
Mitigation			
1			
2			
3			
4			

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