



DECLARATION – CONFLICT OF INTEREST FOR TCP FACILITATORS

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I, \_\_\_\_\_ ID no. \_\_\_\_\_

would like to declare the following existing/potential conflict of interest situation (e.g. a direct or indirect financial interest in a decision regarding any attendee; a non-pecuniary interest, such as a family relationship or personal/emotional relationship/antagonism or another affiliation, such as with the employer or association of any attendees).

**NB: It is the responsibility of the TCP to ensure that the facilitator sign SF122 prior to training.**

**Each training register must be accompanied by the declaration from the facilitator.**

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\_\_\_\_\_  
Name of the Facilitator

\_\_\_\_\_  
Name of the authorized person / on behalf of the Training Course Provider

\_\_\_\_\_  
Signature Facilitator

\_\_\_\_\_  
Signature of the authorized person

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_