



Having read the policy and protocol on conflicts of interest I understand my accountability and responsibility as a council/subcommittee member and declare my dual relationship below. I will discuss with my committee members any other conflicts of interest/dual relationships that may arise in the course of business dealt with by my Committee/Council, and act appropriately when they arise. I understand that these are professional and ethical obligations.

Council Members

I have/have not a trainer/trainee on the same committee
I have/have not a supervisor/supervisee on the same committee
I have/have not a family member on the same committee

Name _____ Signed _____ Date _____

This information will be placed on record for 2 years.

Subcommittee members

I declare I am a trainee/ CTA / PTSTA / TSTA / Interest –only regular member
I declare modality – counseling / educational / organizational / psychotherapy
I declare core training establishment I have used within the last 5 years:

I declare current training establishment links

I currently hold a role in UKCP /BACP /NHS /Government / HCP / Other
Role title _____

I have business interests in

Other COI note in my role on the Committee

Personal _____

Professional _____

Name _____ Signed _____ Date _____

This information will be placed on record for 2 years