

## Conflict of Interest and Confidentiality Declaration 2008/2009

**Name:**

**I am a Contractor** (please complete the boxes below)

Subject	Role	Level

**Primary Employment**

Position held	Name of Organisation

(Please delete paragraph one or paragraph two below as appropriate.)

1 I hereby declare that I have no actual or potential conflict of interest. This includes any financial or other interest as well as any charge of having committed an offence against the law (other than minor traffic offences) that could compromise the performance of my official duties or the integrity or standing of the New Zealand Qualifications Authority.

2 I have an actual or potential conflict of interest as follows:

- The following immediate family member(s) are sitting the NCEA/Scholarship Examination I am setting:

Name	NSN	School	Relationship

- The following immediate family member(s) are entered in other NCEA/Scholarship Examinations:

Name	NSN	School	Relationship

- I declare I am teaching the following Years 11, 12 or 13 classes in 2008/2009:

School	Subject(s)	Level

- Other potential conflict of interest in 2009 e.g. development of publications, course facilitator/presenter roles:


I have discussed the actual or potential conflict(s) of interest with my National Assessment Facilitator, and agreed to manage them in the following ways:

Conflict(s)	
Steps to manage conflict	

- 3 Should any further actual or potential conflict(s) of interest arise during the period of my contract with NZQA, I agree to inform the National Assessment Facilitator, and, if required, implement agreed way(s) to manage them. It shall be the responsibility of the National Assessment Facilitator to inform the Manager of Secondary Examinations of such variations.
- 4 Should I be offered any other work which might conflict with my obligations under this Contract, I agree to inform the National Assessment Facilitator. If, in the opinion of NZQA, a conflict does exist, I will not accept the offer. NZQA undertakes that consent will not be withheld unreasonably.
- 5 I verify that the content of all the material and information associated with my role with NZQA will remain confidential. This includes the identity of any / all contractors involved in the examination setting and marking processes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Subject/Role/Level: \_\_\_\_\_

National Assessment Facilitator's signature: \_\_\_\_\_

**Return to: NZQA - Secondary Examinations, PO Box 160, Wellington 6140**