Lumen Academy
Embrace Educate Empower

CONFLICT OF INTEREST DECLARATION FORM – 2026-27

Name:	
Position:	
Date:	
Reports to:	
Description of the conflict of interest details, please give full details.	
Name of those involved, employee, patient's name etc. if applicable.	
Relationship between individuals involved, i.e. patient, supplier, service user, contractor, public official.	
Date of conflict	

Name of person completing this form ……

Signed ……
Date ……

Name of Manager **Ms. Monika Sethi**
Job title **Principal**

Signed ……
Date