

Translator Conflict of Interest Declaration Form



This form must be signed by the Centre Co-Ordinator and the individual assigned / employed to provide a translation service for the assessment of an STA regulated qualification.

Qualification Title	
Course Reference Number	
Language used for delivery and assessment	

Translator

I (print name) _____

Please tick in the boxes below to confirm	<input checked="" type="checkbox"/>
Have translated the qualification assessment materials without bias or personal interpretation	<input type="checkbox"/>
Have read and understood the statement in the following section- Translator Conflict of Interest Declaration, I have no conferred interest in the outcome of the assessment decision for which I am translating	<input type="checkbox"/>
I confirm that I have the relevant qualifications and experience	<input type="checkbox"/>

Print Name	
Signature	
Contractual Relationship with the Centre	

Current Employment	
Approved Training Centre (ATC) Name	
Approved Training Centre (ATC) Number	
Date Approved	

Centre Co-Ordinator

I confirm that the person named above has the relevant qualifications and experience to translate learners evidence for the purpose of safeguarding that the assessment is valid and accurate and meets the assessment criteria within STA's qualification specifications.

I will retain the signed declaration securely for ATC records for the lifetime of the qualification (please refer to the Safety training Awards data Retention document for further guidance:

<https://www.safetytrainingawards.co.uk/wp-content/uploads/2018/03/Data-Retention-Requirements-v18.1.pdf>), this will be made available for all quality assurance monitoring activities and any other auditing purposes.

I confirm that the learners were assessed in line with STA assessment criteria and the evidence has been translated without any bias or personal interpretation.

Centre Co-Ordinator Name	
Signature	
Date	