



Examiner Impartiality Declaration and Appointment Form

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Document status: Approved institutional policy for public reference. This document describes IRCP's internal framework and does not, by itself, constitute an external accreditation certificate.

Assignment information

Field	Information to complete
Certification scheme	_____ —
Candidate or session reference	_____ —
Assessment date and location	_____ —
Assigned role	Examiner / Evaluator / Technical reviewer

Impartiality declaration

I declare that I have disclosed any personal, professional, financial, training, family or organizational relationship that could create a conflict of interest or an appearance of influence. I will not use confidential information for an unauthorized purpose. I will report any new risk immediately and will follow the approved assessment method.

Conflict identified: Yes / No If yes, describe control or recusal:

Signature: _____ Date: _____

Authorization

Competence verified by	_____
Authorization decision	Approved / Approved with conditions / Not approved
Authorized by	_____
Date and review date	_____

Approval and review

This document is approved by the IRCP governing authority and is reviewed at least annually, or whenever a material change affects the organization, its certification schemes, its risks or its legal and regulatory context.

Prepared by	IRCP Secretariat
Approved by	IRCP Governing Authority
Next scheduled review	01 September 2027
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