London College of Ayurvedic Medicine (LCAM)
Disclosure Form for Tutors, Instructors & Speakers

Title of the Course: _____
Date: _____
Instructor/Speaker Name: _____

Purpose of this Disclosure
All training instructors, speakers, authors and contributors involved in the development or delivery of a CPD course provided by the **London College of Ayurvedic Medicine** are required to disclose any relevant professional, commercial, financial or other relationships that may present an actual or potential conflict of interest.
This disclosure applies to relationships held during the **previous 12 months** and includes relationships with commercial organisations, manufacturers, suppliers, service providers, professional organisations, sponsors, or other entities whose products or services may be discussed or referred to during the course.

The purpose of this form is to promote **transparency, independence and integrity in CPD education** and to ensure that learners can have confidence in the objectivity of the course content.

I. Role in the Course
Please tick all that apply:
☐ Training Course Author
☐ Principal Instructor/Lecturer
☐ Co-Instructor/Lecturer
☐ Colleague of London College of Ayurvedic Medicine
☐ External/Guest Speaker
☐ Third-Party Reviewer/Contributor
☐ Other: _____

II. Commercial Products, Services or Interests
1. Do you intend to refer to or discuss any commercial products, services, organisations or therapies in your presentation or teaching session?
☐ Yes ☐ No
If yes, please provide details:

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2. Do you have any financial, professional or other relevant relationship with an organisation whose products, services or interests may be discussed during this course?

☐ Yes ☐ No

If yes, please provide details:

III. Types of Relationships

Please check the appropriate box and provide the name(s) of the relevant organisation(s), where applicable.

Check	Type of Relationship within the Previous 12 Months	Name(s) of Organisation/Commercial Entity
☐	Employee/Director/Office Holder	
☐	Consultancy or Professional Services	
☐	Salary, Honorarium or Speaker Fees	
☐	Royalty, Intellectual Property or Patent Rights	
☐	Ownership Interest, Shares or Stock Options	
☐	Sponsored or Contracted Research	
☐	Educational or Material Support	
☐	Sponsorship or Commercial Support	
☐	Other Financial or Material Support	
☐	Other Relevant Professional Relationship	

IV. Declaration

Please tick all that apply:

☐ I have financial or commercial relationships to disclose as detailed above.

☐ I have professional or other relevant relationships to disclose as detailed above.

☐ I have no financial, commercial or other relevant relationships to disclose.

☐ I confirm that I will clearly distinguish educational information from any commercial promotion or endorsement during my teaching session.

☐ I confirm that any discussion of commercial products, services or therapies will be relevant to the stated learning objectives and presented in an objective and balanced manner.

☐ I agree to notify the London College of Ayurvedic Medicine if my circumstances change and a new potential conflict of interest arises.

V. Declaration and Signature

I confirm that the information provided in this disclosure form is **complete and accurate to the best of my knowledge**. I understand the educational objectives of the course and agree to uphold the London College of Ayurvedic Medicine's standards relating to professional conduct, transparency, independence and conflicts of interest.

Signature: _____

Name: _____

Date: _____
For London College of Ayurvedic Medicine Use
Disclosure reviewed by: _____
Date reviewed: _____
Action required: ☐ No ☐ Yes
Details/Comments:

Reviewer Signature: _____
Date: _____