



Site Visiting Team Declarations Form

As a member of the SVT to the following faculty of medicine, please **FILL-IN** (by handwriting) and **SIGN** the following “Decelerate Form” and return it to the NCAMC office by no more than the start of the Site Visit.

Full name:

Affiliation:

Faculty of Medicine to be Assessed:

Please, declare if you have/haven't any conflict of interest related to your task as a member of the SVT to this faculty of medicine.

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Signature and date: