



# **Staff and Student Personal Relationships Policy:**

## **APPENDIX 2: Personal**

**APPENDIX 2 to Staff and Student Personal Relationships Policy****Declaration of Personal Relationship – Staff Disclosure Form**

**Confidential – To be submitted to the Finance & HR Manager**

*Staff may submit this form to their line manager to be forwarded to HR if they choose.*

**Section 1: Staff Member Details**

**Full Name:** \_\_\_\_\_

**Job Title / Role:** \_\_\_\_\_

**Department / Area:** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Section 2: Details of Other Individual**

**Name of Individual:** \_\_\_\_\_

**Their Status (tick one):**

☐ Student

☐ Staff Member

☐ Applicant to a Programme of Study

**If student/applicant, please state their course and level of study:**

### Section 3: Nature of the Relationship

Please indicate the relationship type (tick all that apply):

- ☐ Close personal (e.g. familial, close friendship, domestic)
  - ☐ Intimate (romantic/sexual relationship – past or present)
  - ☐ Other personal relationship (please specify):
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Is the relationship ongoing?

- ☐ Yes
- ☐ No – Ended (state when): \_\_\_\_\_

### Section 4: Context and Potential Conflict

Approximate date the relationship began: \_\_\_\_\_

Pre-existing before one or both of you joined the institution?

- ☐ Yes
- ☐ No

Is there direct supervision, assessment, line management or decision-making involved?

- ☐ Yes
- ☐ No

If yes, please give details:

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Please describe any actual or perceived conflicts of interest, including power dynamics:

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## Section 5: Declaration

I confirm that the details provided above are accurate and complete to the best of my knowledge. I understand this declaration is required in accordance with institutional policy on personal and professional relationships to protect all individuals, maintain ethical standards and prevent actual or perceived conflicts of interest.

I acknowledge:

- This form will be held in confidence and only shared as needed.
- The institution may take steps to manage or mitigate any conflict.
- Failure to disclose any relevant information in this form may lead to disciplinary action.
- It is my responsibility to update the organisation if the above details materially change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 6: For Official Use Only

(to be completed by designated Senior Manager)

Date of Receipt of Declaration: \_\_\_\_\_

Assigned Reviewer: \_\_\_\_\_

Initial Review Meeting Held: ☐ Yes ☐ No

Actions to Manage Conflict (if needed):

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Referral to HR Procedures (support meeting etc): ☐ Yes ☐ No

Referral to Disciplinary Procedures: ☐ Yes ☐ No ☐ TBC

Referral to Safeguarding Officer Required: ☐ Yes ☐ No ☐ TBC

Additional Notes:

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Reviewed By: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

This form will be stored securely on the staff members' file; relevant necessary information will be held confidentially and managed in line with our institutional data processing and safeguarding policies.

**A copy of this form can be requested by the individuals named on this form at any time, in accordance with their data subject rights. Relevant personal information will be redacted as appropriate.**