**PERSONAL RELATIONSHIP DECLARATION FORM**

This form is to be completed to declare a close personal or intimate relationship existing between a colleague and student with direct supervision, or between colleagues where the relationship may give rise to real or perceived conflict of interest, breach of trust or confidentiality.

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| --- | --- | --- |
|  | **First Party** | **Second Party** |
| **Name** |  |  |
| **Colleague – Department and Line Manager** |  |  |
| **Student – Programme of study and Department** |  |  |
| **Relationship to other party** |  |  |

Colleagues – Please submit completed, signed forms to your **Line Manager** who will discuss your disclosure you’re your **People Business Partner** and/or Head of Department.

Students – Please submit completed, signed forms to your **Programme Team Leader** who may discuss your disclosure with you and/or the Line Manager and People Business Partner.

**I confirm the above information is true and consent to the above information being stored securely and managed in compliance with data protection legislation.**

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Party One/Colleague/Student)

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Party Two/Colleague/Student)

**To be completed by People Business Partner and PTL/Line Manager or Head of Department.**

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| **Remedial actions to remove potential conflict:**  *i.e. movement of line management responsibilities, module tutor transfer etc.* |

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (People Business Partner)

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PTL/Line Manager/Head of Department)