# Personal Relationships Declaration Form (Staff-Students Relationships)

## SECTION A: TO BE COMPLETED BY STAFF / STUDENT

This form should be completed in accordance with the [Personal Relationship Policy](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.abdn.ac.uk%2Fmedia%2Fsite%2Fstaffnet%2Fdocuments%2Fpolicy-zone-employment%2FPersonal-Relationships-Policy-Staff--Students.docx&wdOrigin=BROWSELINK)

Students: Please complete this form and send it securely to your Head of School. The member of staff will also need to complete their own form.

Staff: Please complete this form and send it securely to your HR Partner/Head of School or Director. Both parties must complete their own form.

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| --- | --- |
| Your Details: |  |
| Name |  |
| Are you a student or member of staff? |  |
| Line Manager / Personal Tutor’s Name |  |
| Position, School and Dept (if staff) |  |
| School (If Student) |  |
| Other party’s details: |  |
| Name |  |
| Are they a student or a member of staff? |  |
| Position, School and Dept (if staff) |  |
| School (If Student) |  |
| **Nature of Relationship:**  *(Please state whether the relationship is of a close personal nature, for example a close friend or relative, or an intimate/potentially intimate relationship. If the relationship is of a close personal nature please confirm the type of relationship e.g. mother, cousin etc.* | |
|  | |
| If this is an intimate/romantic relationship, when did it start (approximate month/year) |  |
| **I understand the following:**  1. It may be necessary for permanent or temporary adjustments to be made to any supervisory arrangements or other conditions, to remove any real or perceived conflict of interest arising from the relationship.  2. This information will be stored securely and managed in compliance with data protection legislation.  3. I have read and understood the Personal Relationships Policy  Signed (electronic signature):  Print Name:  Date: | |

Staff to submit to your HR Business Partner who will discuss the form with your line manager and/or Head of School/Director and with you if necessary.

Students to submit to your Head of School who will discuss the form with the employee’s line manager and HR Business Partner, and with you if necessary.

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| SECTION B: To be completed by the HR Partner in conjunction with the Head of School or Line Manager and employee for staff declarations.  To be completed by the Head of School in conjunction with the Line Manager and HR Partner for student declarations. | | |
| **Has this relationship been declared within 1 month** | | Y/N |
| If no, why not? | | |
| **Is action or a conflict of interest management plan required?** | | Y/N |
| **Reasons for recommended plan** | | |
| **Details of action /plan** | | |

Electronic Signature:

Print Name:

Job title:

Date:

HR Business Partner to upload this form securely to the employee’s personal file.

Head of School/Line Manager to store this form securely.