# **Declaration of a personal relationship form**

This form should be used to declare a personal relationship in accordance with section 6 of the [Personal Relationships at Work Policy](https://www.st-andrews.ac.uk/policy/staff-employee-relations-conduct-management/personal-relationships-at-work-policy.pdf). All declarations will be treated confidentially and sensitively and stored securely within HR.

**Please complete all relevant details.**

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| **Section 1: Your details**

|  |  |
| --- | --- |
| **Name:** |  |
| **I am a:** | Please select. |
| **If “other”, please state here:** |  |
| **School/Unit** |  |
| **Line manager** |  |
| **Head of School/Unit** |  |

 | **Section 2: Details of the other party**

|  |  |
| --- | --- |
| **Name:** |  |
| **Status of other party:** | Please select. |
| **If “other”, please state here:** |  |
| **School/Unit** (if applicable) |  |
| **Line manager** (if applicable) |  |
| **Head of School/Unit** (if applicable) |  |

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**Section 3: Nature of personal relationship**

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| **Nature of personal relationship:** | Please select. |
| **If “other”, please state here:** |
| **Confirm start date of personal relationship** (*complete only if the relationship started on or after the employment start date)****:***  | Click or tap to enter a date. |
| **Date professional/working relationship commenced:** | Click or tap to enter a date. |
| **Please provide the level of management/supervision you have with the individual named in section 2 that poses a potential conflict of interest** *(e.g. performance management & development, allocation of grants/funding, teaching & assessing, tutoring, coaching/mentoring).*  |
|  |

**Section 4: Declaration**

1. I confirm that the information I have submitted is accurate at the time of submission.
2. I understand that by submitting this declaration, temporary or permanent steps may be taken in relation to my professional relationship with the named person in section 2 in line with the Personal Relationships at Work Policy in order to mitigate a potential conflict of interest, misuse of power or unfair bias situation occurring.
3. I understand that if circumstances change and there is no longer a conflict of interest (e.g. relationship ends, named person in section 2 exits the University, change to role) that I have the right to have this declaration removed from my personal record.

|  |  |
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| **Electronic signature:** |  |
| **Date of submission:** | Click or tap to enter a date. |

**Please submit completed form to your line manager and Head of School/Unit.**

**Office Use Only:**

To be completed by the Head of School/Unit or line manager in consultation with the HRBP.

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| **Does the declared personal relationship pose a conflict of interest concern?** | Please select. |

***\**** *If the response is “No”, please notify the employee that no action is required.*

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| **If the response is “Yes”, use this space to detail the action/steps to be taken.**  |
|  |
| **Date of implementation:** | Click or tap to enter a date. |

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| **Action agreed by (electronic signatures)** |
| **Head of School/Unit**  |  |
| **Line Manager** |  |
| **HRBP** |  |
| **Date action agreed:** | Click or tap to enter a date. |

*Head of School/Unit or line manager must ensure that any proposed actions/steps are implemented only once consultation with the relevant parties is complete.*