# Appendix 1 Personal Relationships Declaration Form

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

**This form should be completed in accordance with the** [**Personal Relationships Policy.**](https://www.ucl.ac.uk/human-resources/personal-relationships-code-conduct)

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

**Staff: Please complete this form and send it securely to your HR Business Partner. 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, Faculty/Division and Dept(if staff) |  |
| School (If Student): |  |
|  |  |
| **Other party’s details:** |  |
| Name |  |
| Are they a student or a member of staff? |  |
| Position, Faculty/Division 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/ romantic relationship).* |  |
| Relationship of close personal nature (if relevant) for example cousin, mother, friend etc. |  |
| When did the intimate/romantic relationship start (if relevant) (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**](https://www.ucl.ac.uk/human-resources/personal-relationships-code-conduct)  **For intimate / romantic relationships:**  I have read and understood UCL’s policy on[**Preventing Sexual Misconduct, Bullying and Harassment.**](https://www.ucl.ac.uk/equality-diversity-inclusion/dignity-ucl/ucl-dignity-work-statement)  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 Department and with you if necessary.**

**Students to submit to your Head of Department 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 HR BUSINESS PARTNER IN CONJUNCTION WITH LINE MANAGER AND EMPLOYEE FOR STAFF DECLARATIONS.**  **TO BE COMPLETED BY HEAD OF DEPARTMENT IN CONJUNCTION WITH LINE MANAGER AND HR BUSINESS PARTNER OF EMPLOYEE FOR STUDENT DECLARATIONS.** |

|  |  |
| --- | --- |
| **Has this relationship been declared within one 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** |  |

**STAFF DECLARATIONS:**

Electronic Signature of HR Business Partner :

Print Name:

Job title:

Date:

Electronic Signature of Line Manager:

Print Name:

Job title:

Date:

**STUDENT DECLARATIONS:**

Electronic Signature of Head of Department:

Print Name:

Job title:

Date:

Electronic Signature of Line Manager:

Print Name:

Job title:

Date:

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

Head of Department to store this form securely.