**Declaration of a Personal Relationship Form**

If you are in a personal relationship, as defined in the *Guidelines on Personal Relationships at Work*, please complete this form and pass it to your line manager for processing.

This information will be saved to the employee file, treated in the strictest confidence between Management and HR and held in line with GDPR rules.

I confirm I have read the RVC ‘*Guidelines on Personal Relations at Work*’ before completing this form.

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| --- | --- | --- | --- |
| **Details of the person making the personal relationship disclosure** | | | |
| Surname |  | First Name(s) |  |
| Department |  | Payroll Number |  |
| Line Manager |  | Job Title |  |
| Head of Department |  |  |  |

Please provide details of the personal relationship:

|  |  |
| --- | --- |
| The personal relationship is with a/an: | Employee  Casual/Occasional Worker  Agency worker  Undergraduate student  Postgraduate student  Intern  Resident  Consultant  Contractor  Supplier |

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| Please provide details of the person, as appropriate | | | | | | | |
| Person’s Name |  | | | Job Title | |  | |
| Department |  | | |  | |  | |
| Course Title |  | | | | Course Year | |  |
| Is this person a family relative? | | | | | | Yes  No | |
| If yes, please state the nature of the relationship | |  | | | | | |
| Is your relationship with this person a business/ commercial/ financial relationship? | | | | | | Yes  No | |
| If yes, please provide detail about this relationship | |  | | | | | |
| Is your relationship with this person a romantic/sexual relationship?  (this includes one or more of the following elements: physical intimacy including isolated or repeated sexual activity; or romantic or emotional intimacy) | | | | | | Yes  No | |
| If yes, approximately when did this sexual/relationship begin? | | |  | | | | |
| Is your sexual/romantic relationship with this person still active?  In the event of your sexual/romantic relationship ending with this person, please notify your line manager and HR at the earliest opportunity. | | | | | | Yes  No | |
| Were you responsible/involved in recruitment/interviewing/appointing this person? | | | | | | Yes  No | |
| Are you responsible for line managing/supervising this person? | | | | | | Yes  No | |
| Are you responsible for carrying out probation reviews, or appraisals for this person? | | | | | | Yes  No | |
| Are you responsible for signing off timesheets for this person? | | | | | | Yes  No | |
| Are you responsible for authorising expenses claims for this person? | | | | | | Yes  No | |
| In addition to the above questions, if your relationship is with a student, please confirm the following:   * Are you responsible for carrying out any teaching or assessments for this student? | | | | | | Yes  No | |
| * Are you the student’s personal tutor? | | | | | | Yes  No | |
| * Do you provide any pastoral/wellbeing support for students? | | | | | | Yes  No | |
| * Do you have responsibility or oversight of wider institutional strategy, processes and delivery? | | | | | | Yes  No | |

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| **Additional questions for contractors/agency worker/consultant/supplier (in addition to above)** | |
| Are you responsible for managing this person’s contract? | Yes  No |
| Are you responsible for renewing this person’s contract with the RVC? | Yes  No |
| Are you responsible for assessing/evaluating the quality of work or service delivered by this person? | Yes  No |

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| Please provide other relevant information about this personal relationship at work. |
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| Please detail potential conflicts (or reasons why there are no conflicts) |
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**I understand it may be necessary for permanent or temporary adjustments to be made to any arrangements or other conditions to remove any real or perceived conflict of interest arising from the relationship.**

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| --- | --- | --- | --- |
| Employee Signature |  | Date |  |

Please pass this completed form to your Line Manager

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| **Line Manager :**  Proposed measures to remove conflicts | | | |
|  | | | |
| Line Manager Signature |  | Date |  |

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| **Head of Department Authorisation:**  Comments on proposed measures to remove conflicts | | | |
|  | | | |
| Head of Department Signature |  | Date |  |

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| **Human Resources - Employee Relations:**  Review/comment/action: | | | |
|  | | | |
| Signature |  | Date |  |