

CONFIDENTIAL DISCLOSURE FORM: PERSONAL RELATIONSHIP WITH A STUDENT

This form must be completed by any staff member declaring a Personal Relationship with a student, in line with the College's Staff and Student Personal Relationships Policy.

Please submit the completed form to your line manager or relevant Executive Principal / Head of Area and the People Team. All information will be handled confidentially and in accordance with data protection and safeguarding

SECTION 1

SECTION A- Staff Details

Full Name:	
Job Title:	
Department:	
Line Manager:	
Employment Status: (full time, agency)	

SECTION B- Student Details

Students Full Name:	
Student ID (if known):	
Student Age:	
Course or Programme:	
Type of Student: (full time, apprentice)	

Is the student under 18 or considered a vulnerable adult?	Yes	No	Unsure
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SECTION C- Relationship Details

Is this a current or a previous/ended relationship?	Current	Previous/Ended
Date relationship began: (Approximate if needed)		
Date relationship ended: (if applicable)		

Do you have any direct professional responsibilities for this student? (teaching, support, assessment, safeguarding)	Yes	No
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If yes please provide details:			
To your knowledge, could the relationship give rise to a real or perceived conflict of interest?	Yes	No	Unsure
If yes, please explain why:			

SECTION D- Acknowledgement

- ☐ I confirm that I have read and understood the College's Staff and Student Personal Relationships Policy.
- ☐ I understand that appropriate measures may be put in place to manage any potential or actual conflict of interest or safeguarding concern.
- ☐ I agree to cooperate with any risk assessment or action taken to ensure compliance with College policy.
- ☐ I understand that failure to disclose such a relationship may result in disciplinary action.

Staff Member Signature:

Date:

SECTION 2: MANAGER USE ONLY (TO BE COMPLETED BY LINE MANAGER ONLY)

Date form received:

Is a risk assessment required: (if yes please attach to this form)	Yes	No
Action Taken (e.g. changes to duties, alternative arrangements, safeguarding referral):		
Has the student been consulted and completed their part of the declaration:	Yes	No

Has any further information been declared by the student?	Yes	No
If yes, please detail:		

Managers Signature:

Date:

Please submit this form to the People Team via email: Peopleteam@myerscough.ac.uk
If you require any further information regarding this form please contact the people team and a member of staff will be happy to help.