

CONFIDENTIAL STUDENT DECLARATION FORM

This form should be completed by the student involved in an Personal Relationship with a staff member, following the staff member's disclosure under the College's Personal Relationships Policy.

The purpose of this form is to support transparency, assess any conflict of interest, and ensure appropriate safeguarding and academic protections are in place.

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SECTION A- Student Details

Full Name:						
Student ID:						
Age:						
Course or Programme:						
Type of Student:						
(full time, apprentice)						
Year of study:						
SECTION B-Staff Details						
Full Name:						
Job Title:						
Department:						
Is this a current or a previous/ended relationship? Current Current				Previous/Ended		
Date relationship began: (Approximate if needed)						
Date relationship ended: (if applicable)						
Do you believe the staff member currently has, or previously had, any direct professional responsibilities for you?					•	No
If yes or unsure please p	rovide	any relevant details:				



SECTION D-Acknowledgement

☐ I understand that this declaration will be treated confidentially a necessary to manage potential conflicts of interest or safeguarding co	•	red where
\Box I understand that I will not be disadvantaged or required to change no programme as a result of this disclosure.	ny course, tir	metable, or
$\hfill \square$ I understand that reasonable steps may be taken by the College to protect both parties involved.	ensure impa	artiality and
Student Signature:		
Date:		
SECTION 2: College Use Only (To Be Completed by Relevant Manalead) Date form received:	ager or Safe	eguarding
Is a risk assessment required: (if yes please attach to this form)	Yes	No
Action Taken:		
Staff Members Signature:		
Role:		
Date:		

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