ANNEX 1



Staff and Students Relationship Policy

STAFF DECLARTION FORM

To be completed in conjunction with the Staff and Students Relationships Policy

SECTION A: TO BE COMPLETED BY MEMBER OF STAFF	
Your Details	
Name:	
Position:	
Line Manager (if applicable):	
Student's Details	
Name:	
Course:	
Nature of Relationship	
Close Personal	
Intimate (only in relation to section 6.3 of the Policy)	
When did the relationship start (approx. month/year)	
I understand the following: 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. This information will be stored securely and managed in compliance with data protection legislation. I have read and understood the Trinity Hall Staff and Student Relationships Policy.	
I have read and understood the Trinity Hall <u>Dignity at Work Policy</u> . I have read and understood the Trinity Hall <u>Conflicts of Interest Policy</u> .	
Signed (electronic signature):	
Print Name:	
Date:	

Completed form to be sent to the Senior Tutor who may discuss the contents with the Director of HR, with you, and other parties as necessary.