**Staff Declaration Form (SSR)**

*To be completed in conjunction with the* [*Staff and Student Relationships Policy*](https://www.hr.admin.cam.ac.uk/files/staff_and_students_relationship_policy.pdf)*.*

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| **SECTION A: TO BE COMPLETED BY MEMBER OF STAFF**  |
| **Your Details** |  |
| Name |  |
| Line Manager name |  |
| Position, Institution |  |
| School/Non-school institution |  |
| **Student’s details** |  |
| Name |  |
| Course/Institution |  |
| College  |  |
| **Nature of Relationship** |  |
| *Close Personal*  |  |
| *Intimate\** *\*6.3 of the* [*Policy*](https://www.hr.admin.cam.ac.uk/files/staff_and_students_relationship_policy.pdf) |    |
| Length of relationship (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 [University Staff and Student Relationships Policy](https://www.hr.admin.cam.ac.uk/files/staff_and_students_relationship_policy.pdf).I have read and understood the [University’s Dignity at Work Policy](https://www.hr.admin.cam.ac.uk/policies-procedures/dignity-work-policy-2023-ed/code-behaviour).I have read and understood the [University wide Conflict of Interest Policy](https://www.governanceandcompliance.admin.cam.ac.uk/governance-and-strategy/university-wide-conflict-interest-policy).Signature: Print Name:Date:  |

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| **Completed form to be sent to line manager/Head of Institution who may discuss the form with the relevant HR Business Partnering team, with you and other party as necessary.**  |
| **SECTION B: TO BE COMPLETED BY LINE MANAGER/HEAD OF INSTITUTION**  |
| **Are alternative/protective measures necessary?** [**(section 5)**](https://universityofcambridgecloud.sharepoint.com/sites/HR_HumanResourcesDivision-2020RecoveryPlanPolicyWork/Shared%20Documents/Policy/Staff%20and%20Student%20Relationships%20Policy/FINAL%20VERSIONS/Staff%20and%20Students%20Relationships%20Policy%20Supplementary%20Guidance%20Oct%2024.docx#_Action_by_Head) | Y/N |
| **Please give further details** |  |
| **Has the student been informed of the declaration?**  | Y/N |
| **Has the College of the member of staff been informed of the declaration?** | Y/N |
| **If a plan has been put in place, has the College of the member of staff/student been informed?** | Y/N |
| **Please provide further details** |  |

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|   | Line Manager | Head of Institution | Lead HRBP |
| Signature |   |   |   |
| Print name |   |   |   |
| Role title |   |   |   |
| Date |   |   |   |

**Lead HR Business Partner to send a copy to member of staff and Head of Institution and upload this form securely to the staff member’s personnel file.**