Personal Relationship Disclosure Form

NOTE:

This template has been put together as a guide. Please ensure you customize and include any relevant legal requirements for your region.

Purpose:

Confidential – To be submitted to [HR / People & Culture / Direct Manager]

[Company Name] recognises that personal relationships may exist or develop between individuals in the workplace, or with those connected to the business through contracts, services, or partnerships. This form is intended to support transparency and help manage any potential conflicts of interest.

All information provided will be treated confidentially and shared only with those responsible for reviewing or managing the matter.

Full Name:	
Job Title:	
Department/Team:	
Manager's Name:	
Date of Submission:	
Section 2: Relationship Status Name of Person You Have a Personal Relationship With:	
Name of Person You Have a Personal Relationship With:	

Nature of the Relationship. Check all that apply:
☐ Romantic or intimate partner (current or former)
☐ Family member
☐ Housemate or former housemate
☐ Close personal friend
☐ Other (please describe briefly):
Section 3: Professional Context
Does this person have any of the following relationships to your role at [Company Name]? (Check all that apply):
☐ You directly report to them or they report to you
 You are involved in decisions related to their employment (e.g. hiring, promotion, pay, performance)
☐ You approve or review their work or business contributions
☐ They are a supplier, contractor, or client you work with directly
☐ You influence decisions that affect them (e.g. vendor selection, budget approval)
☐ Other (please describe):
Section 4: Additional Information (optional)
Please share any additional details you believe may help us understand and assess any potential conflicts of interest:

Section 5: Declaration

I confirm that the information provided is accurate to the best of my knowledge. I understand this disclosure is made in accordance with [Company Name]'s Personal Relationships at Work Policy and is intended to support fairness and transparency within the workplace.

Employee Signature:	_
Date:	_
Section 6: HR / Manager Review and Action	าร
Reviewed By:	_
Position:	_
Date Reviewed:	_
Summary of action taken:	
Follow-up required::	
☐ YES	
□ NO	
If yes, please specify:	
Additional Notes:	
Employee Signature:	_
Date:	_

NOTE:

Please remove the following when using this form.



<u>HR Partner</u> is an HRIS built for small and medium-sized businesses, especially those with globally distributed workforce or remote teams. We help you stay on top of HR admin so you can focus on what matters most – your people.

Book a demo to find out more.