

**Declaration of Personal Staff Circumstances template**

This document is being sent to all Category A staff whose outputs are eligible for submission to REF2021 (see [‘Guidance on submissions’](http://www.ref.ac.uk/publications/guidance-on-submissions-201901/), paragraphs 117-122). As part of the University’s commitment to supporting equality and diversity in REF, we have put in place safe and supportive structures for staff to declare information about any equality-related circumstance that may have affected your ability to research productively during the assessment period (1 January 2014 – 31 July 2020), and particularly your ability to produce research outputs at the same rate as staff not affected by circumstances. The purpose of collecting this information is to:

* Monitor and review equality, diversity and inclusion in Edge Hill University’s research environment
* Enable staff who have not been able to produce a REF-eligible output during the assessment period to be submitted to REF without the minimum requirement of one output where they have;
  + circumstances that have resulted in an overall period of 46 months or more absence from research during the assessment period, due to equality-related circumstances (see below)
  + circumstances *equivalent* to 46 months or more absence from research due to equality-related circumstances
  + two or more qualifying periods of family-related leave.
* Recognise the effect that equality-related circumstances can have on an individual’s ability to research productively, and to adjust expectations in terms of expected workload / production of research outputs.
* Establish whether there are any units of assessment where the proportion of declared circumstances is sufficiently high to warrant a request to Research England for a reduction in the required number of outputs to be submitted.

**Applicable circumstances**

* Qualifying as an ECR (started career as an independent researcher on or after 1 August 2016)
* Absence from work due to secondments or career breaks outside the HE sector
* Qualifying periods of family-related leave
* Junior clinical academics who have not gained a Certificate of Completion of training by 31 July 2020
* Disability (including chronic conditions)
* Ill heath, injury or mental health conditions
* Constraints relating to family leave that fall outside of the standard allowances
* Caring responsibilities
* Gender reassignment
* COVID-19 related circumstances (only applicable to those without a research output)[[1]](#footnote-2)

Completion and return of the form is voluntary, and individuals who do not choose to submit it will not be put under any pressure to declare information. This form is the only means by which the University will be gathering this information for the purposes of the REF; we will not be consulting HR records, contract start dates, etc. You should therefore complete and return the form if any of the circumstances identified above (also available in section 4.3 of our Code of Practice) apply and you are willing to provide the associated information. For information on how, why and with whom we will collect, store, use and share your data please see section ‘Disclosure of circumstances’ in appendix 12 (privacy notice) and Code of Practice addendum (outlines changes to processes due to COVID-19).

**Changes in circumstances**

The University recognises that staff circumstances may change between completion of the declaration form and the census date (31 July 2020). If this is the case, then staff should contact the secretary of the Personal Circumstances Disclosure Panel to provide the updated information.

To submit this form you should send a copy, electronic format, to PCDP Secretary (Joanne Morris [morrisjo@edgehill.ac.uk](mailto:morrisjo@edgehill.ac.uk) in Research Office), in an email marked ‘private and confidential’.

**Name:** Click here to insert text.

**Department:** Click here to insert text.

Do you have a REF-eligible output published between 1 January 2014 and 31 December 2020?

Yes

No

Please complete this form if you have one or more applicable equality-related circumstance (see above and/or section 4.3 of our Code of Practice) which you are willing to declare. Please provide requested information in relevant box(es) including information about the impact of your circumstances on yourself or colleagues. You may also include information on applicable reasonable adjustment.

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| **Circumstance** | **Time period affected** |
| **Early Career Researcher (started career as an independent researcher on or after 1 August 2016).**  *Date you became an early career researcher.*  *Please provide details of how and when you met the definition. Definition of ECR is available in appendix 10 of our Code of Practice.* | Click here to enter a date.  Click here to enter description. |
| **Career break or secondment outside of the HE sector.**  Description, dates and durations in months. | Click here to enter dates and durations. |
| **Family-related leave;**   * statutory maternity leave * statutory adoption leave * Additional paternity or adoption leave or shared parental leave lasting for four months or more.   *For each period of leave, state the nature of the leave taken and the dates and durations in months.* | Click here to enter dates and durations. |
|  | |
| **Disability (including chronic conditions)**  *To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Mental health condition**  *To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Ill health or injury**  *To include: Nature / name of condition, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Constraints relating to family leave that fall outside of standard allowance**  *To include: Type of leave taken and brief description of additional constraints, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Caring responsibilities**  *To include: Nature of responsibility, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Gender reassignment**  *To include: periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **COVID-19** (Applicable only where requests are being made for the removal of the minimum of one requirement)  *To include: periods of absence from work, and periods at work when unable to research productively. Total duration in months.*  *The overall impact of the COVID-19 effects should be considered in combination with other applicable circumstances affecting the staff member’s ability to research productively throughout the period.* | Click here to enter text. |
| **Any other exceptional reasons e.g. bereavement.**  *To include: brief explanation of reason, periods of absence from work, and periods at work when unable to research productively. Total duration in months.* | Click here to enter text. |
| **Part-time working**  *To include: dates and durations in months of your FTE over the census period.* | Click here to enter text. |

Please confirm, by ticking the box provided, that:

* The above information provided is a true and accurate description of my circumstances as of the date below
* I realise that the above information will be used for REF purposes only and will be seen by Personal Circumstance Disclosure Panel
* I realise it may be necessary to share the information with Edge Hill University’s REF Decision Panel, Research England’s REF team, REF Equality and Diversity Advisory Panel, main panel chairs, and REF Technical contact.

I agree

**Name:** Print name here

**Signed:** Sign or initial here

**Date:** Insert date here

I give my permission for an HR partner to contact me to discuss my circumstances, and my requirements (reasonable adjustments). (Please note, it is HR’s responsibility, on behalf of institution, to ensure your adjustment are managed appropriately; if you already have adjustment in place you may wish to discuss reviewing your requirements.)

I give my permission for limited details of this form to be passed onto my line manager/head of department or area. (Please note, if you do not give permission your department may be unable to adjust expectations and put in place appropriate support for you as documented in section 4.4.1. of the Code of Practice)

I would like to be contacted by:

Email  Insert email address

Phone  Insert contact telephone number

1. As well as effects due to applicable circumstances (such as ill health, caring responsibilities), this includes other personal circumstances related to COVID-19 (such as furloughed staff, health-related or clinical staff diverted to frontline services, staff resource diverted to other priority areas within the HEI in response to COVID-19); and / or external factors related to COVID-19 (for example, restricted access to research facilities). [↑](#footnote-ref-2)