Student Support Plan

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| **CONTACT DETAILS** |
| **Student’s details** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| UB number |  |
| **Emergency contact details** |
| Relationship to student |  |
| Telephone |  |
| Course details |
| Course title |  |
| Department |  |
| Personal Academic Tutor |  |
| Other departmental contact (if appropriate)  |  |
| Year |  |
| **Details of the student’s first point of contact in the University** |
| Name |  |
| Title |  |
| Location |  |
| Telephone |  |
| E-mail |  |

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| **KEY DATES (to be reviewed and added to over the course of the pregnancy and maternity)** |
| What is the student’s due date? |  |
| How many weeks pregnant was the student when the University was notified? |  |
| **COMMUNICATION WITH THE STUDENT** |
| **What is the student’s preferred method of communication:** |
| During pregnancy? |  |
| During maternity – related absence? |  |
| On return to study? |  |
| **INFORMING OTHER STAFF AND STUDENTS** |
| **Who will need to be informed about the student’s pregnancy and when would the student like them to be informed?** |
| **Name and Title** | **Date** |
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| **RISK ASSESSMENT (please attach a copy to this form)** |
| **Has** **an assessment been conducted which covers (where relevant):** |
| The student’s course? |  |
| Course placements or study abroad? |  |
| Examinations or other assessments? |  |
| Field trips? |  |
| Return from maternity-related absence? |  |
| Breastfeeding? |  |
| **Where changes are required to minimise risk, who is responsible for ensuring these are implementing?** |  |

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| **PREGNANCY – RELATED ABSENCE** |  |
| Will the dates or times of antenatal appointments affect the student’s study? |  |
| Have you discussed any pregnancy-related illness that has affected the student’s ability to undertake their course? |  |
| If yes to either of the above questions, what arrangements have been made to enable the student to catch up? |  |
| **ASSESSMENT** |
| Is the student unable to complete any assessments due to her pregnancy or maternity? |  |
| If so, provide details: |
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| What alternative arrangements have been made for any outstanding or incomplete assessments? |

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| **MATERNITY-RELATED ABSENCE**  |
| How much maternity-related absence does the student intend to take? |  |
| When does the student intend to start maternity-related absence? |  |
| When does the student intend to return from maternity-related absence? |  |
| Will the dates of maternity-related absence affect the student’s ability to complete any course module requirements? |  |
| If so, what arrangements have been made to enable the student to complete the module? |  |
| What information will the student require during maternity-related absence to keep up to date on course developments? |  |
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| Who will be responsible for providing the information to the student? |

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| **FINANCIAL SUPPORT** |
| Has the student been informed about sources of financial support or been referred to the Hub for advice? |  |
| Specify and follow up required: |
| **CHILDCARE** |
| Has the student been informed of the University childcare facilities or those in the local area? |  |
| Is the (UK) student aware that their mode of study will affect their childcare funding entitlements? |  |
| **INTERNATIONAL STUDENTS / THOSE WHO STUDY ABROAD** |
| **Have international students or those who study abroad been informed about:** |
| The need to check visa implications of returning home or extending their stay due to pregnancy and maternity? |  |
| Possible airline restrictions? |  |
| **STUDENTS ON PLACEMENT** |
| Has the placement provider been notified of the student’s pregnancy? |  |
| Has the placement provider conducted a risk assessment? |  |
| Is the placement provider aware of the University’s policy on supporting students during pregnancy and maternity? |  |
| Will the student be able to complete her placement? |  |
| If not, what alternative arrangements will be made? |
| Who is responsible for liaising with the placement provider? |  |
| **EXTENUATING CIRCUMSTANCES** |
| Has the student been informed about how to apply for extenuating circumstances in the event their pregnancy, maternity or parental responsibilities affects examinations and assessments?  |  |
| **ACCOMMODATION** |
| Does the student intend to move to alternative accommodation?  |  |
| Has the student received advice on alternative accommodation and the possible consequences of terminating their existing contract? (Please refer to the Accommodation Team where appropriate). |  |
| **RETURN TO STUDY** |
| **What support will be provided to the student on their return to study? (e.g. meetings with key staff, put in contact with other student parents, etc)** |
| **FURTHER INFORMATION** |
| **Any other information or comments:** |
| **SIGNATURES** |
| **Agreed by staff member** |
| Name |  |
| Title |  |
| Signature |  |
| Date |  |
| **Agreed by student** |
| Name |  |
| Signature |  |
| Date |  |