**PREGNANCY/PARENTHOOD SUPPORT PLAN**

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| **Personal Details**  |
| Name of student  |   |
| Student Number  |   |
| Programme  |   |
| Year of study   |   |
| Expected Completion Date for Award (mmm/yyyy)  |   |
| Parenthood Liaison Contact  |   |
| Academic Support Contact  |   |
| Academic Support Contact (2nd subject for CHP) if appropriate. May be included purely as point of contact for ASC for 1st subject  |   |
| Date Pregnancy /New Parenthood Notified to University   |   |
| Due date/ placement of adopted child  |   |
|   |   |
|   |   |
| **Risk Assessment** *Ensure actions listed are incorporated into this Plan and Post up Risk Assessment with Plan on the Learning Network*  | **Must normally be undertaken within 15 days of Pregnancy notified to University**  |
| Date undertaken  |   |
| Is a separate Risk Assessment required for Placement, study abroad or other  | Yes / No  |
| Date undertaken  |   |
| Additional Comments  |
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| **Communication**  |
| Who will need to be informed about the student’s pregnancy/adoption and when would the student like them to be informed?  | Student Life Advice/ Programme Lead/ Course Admin/ other Academic staff.   |
| Apart from those who need to know, is the Pregnancy /Adoption to remain Confidential? *If Yes, the person responsible for informing those who need to know (see above) must stress the need for confidentiality.*  | Yes / No (delete as appropriate)  |
| Email communication via Unimail List additional communication channels here *(indicate which channel to be used during pregnancy, maternity-related absence, return to study, as appropriate)*  |   |
| Emergency contact in case student taken ill on campus.  Is this the same as the contact given during the enrolment process? *(name, relationship to student, 1 or preferably 2 contact numbers)*  |   |
| Additional Comments  |
|   |
| **Ensuring student is informed of support**  |   |
| Has student been informed of the following?  | *(delete as appropriate; add notes where relevant)*  |
| The student is responsible for informing their Academic Support Contact and Parenthood Liaison Contact of any changes;  | Yes / No  |
| The financial implications and entitlements, including student loans, benefits and maternity pay, if any;  | Yes / No / Not applicable   |
| Childcare facilities on campus or in the local community  | Yes / No / Not applicable  |
| Breast feeding / Chest feeding rooms/ storage  | Yes / No / Not applicable  |
| Student Visa implications (for international students)  | Yes/ No / Not applicable  |
|   |   |
| Additional Comments  |
|   |
| **Maternity related absence**  |   |
| Have you explained options for maternity related absence?  | Yes/ No  |
| Have you explained the expectation of face to face study?  | Yes/ No  |
| Is a period of interruption required?  | Yes/ No  |
| Have you explained the financial implications / programme requirements of interrupting study?  | Yes/No  |
| **Additional Comments**  |
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| **Action proposed / agreed** **Additional pages may be added to provide more details of the actions listed below.**  |
| Arrangements for Antenatal visits  |
|   |
| Extenuating Circumstance applications/ alternative arrangements  |
|   |
| Arrangements for Exam(s) and Assessment(s) affected/ alternative arrangements  |
|   |
| Arrangements for Placement/Fieldwork/Study abroad Affected (delete as appropriate) if any  |
|   |
| Arrangements for change of mode of study on return to study, if any (eg moving from FT to PT)  |
|   |
| Reviewing accommodation arrangements during pregnancy and/or following maternity related absence  |
|   |
| Arrangements for additional support during first six months of maternity, if any  |
|   |
| Other arrangements, as appropriate  |
|   |
| **Review dates**  |   |
| Review date 1   |   |
| Review date 2 (as appropriate)  |   |
| Review date 3(as appropriate)  |   |
| Signature and Date  |
| ASC  |   |
| PLC  |   |
| Student  |   |