**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 |  | | |
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| **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 | | | |
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| **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 | | | |
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| Additional Comments | | | | |
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| **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 | |
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| Extenuating Circumstance applications/ alternative arrangements | |
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| Arrangements for Exam(s) and Assessment(s) affected/ alternative arrangements | |
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| Arrangements for Placement/Fieldwork/Study abroad Affected (delete as appropriate) if any | |
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| Arrangements for change of mode of study on return to study, if any (eg moving from FT to PT) | |
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| Reviewing accommodation arrangements during pregnancy and/or following maternity related absence | |
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| Arrangements for additional support during first six months of maternity, if any | |
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| Other arrangements, as appropriate | |
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| **Review dates** |  |
| Review date 1 |  |
| Review date 2 (as appropriate) |  |
| Review date 3(as appropriate) |  |
| Signature and Date | |
| ASC |  |
| PLC |  |
| Student |  |