Appendix A: Support Plan: Part 1 - Student Pregnancy, Maternity, New Parenthood & Adoption

Information & Planning: Student Life

|  |  |
| --- | --- |
| Have you considered… |  |
| The implications for your immigration status and right to remain in the country, if that is what you would like to do |  |
| Notes: |  |
| Sponsorship / bursary / funding for tuition fees / living costs for your programme of study and how this will be affected (if at all) by your plans |  |
| Notes: |  |
| Financial support which you may be eligible for and how this could affect your student funding, benefits etc. |  |
| Notes: |  |
| Your accommodation, especially if you are living in private rented or student-only accommodation, or if you hope to change your accommodation arrangements due to your pregnancy, maternity or new parenthood. |  |
| Notes: |  |
| Who you need to advise about any changes to your circumstances |  |
| Notes: |  |
| What childcare facilities are available to you on campus or in the local community, and whether e.g. your mode of study may affect your childcare funding entitlements? |  |
| Notes: |  |

Support Plan: Part 2 - Student Pregnancy, Maternity, New Parenthood & Adoption

This document aims to guide discussions with students during pregnancy and maternity. It should be completed and agreed with the student. It is not intended that all of the information in this form should be completed at a first meeting as initially the student will be unable and should not be expected to respond to all the issues raised.

The form should be reviewed at key stages.

|  |  |  |  |
| --- | --- | --- | --- |
| Student & Programme information | | | |
| **Contact details** | | | |
| Name |  | | |
| Address |  | | |
| Telephone |  | | |
| Email |  | | |
| Roll number |  | | |
| What is the student’s preferred method of contact: | During pregnancy? |  | |
| During maternity-related absence? |  | |
| On return to study? |  | |
| **Emergency contact details** | | | |
| Name & Relationship to student |  | | |
| Telephone |  | | |
| **Programme details** | | | |
| Programme title |  | | |
| School |  | | |
| Programme Leader name |  | | |
| Year of Programme |  | | |
| Current module |  | | |
| Personal Tutor name |  | | |
| Location |  | | |
| Telephone |  | | |
| Email |  | | |
| 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 to be informed |  | |
| Pregnancy & Maternity Key dates (to be reviewed and added to over the programme of pregnancy and maternity) | | | |
| What will be the date of 20 weeks of pregnancy? |  | | |
| What will be the date of 30 weeks of pregnancy? |  | | |
| What is the Expected Date of Delivery (EDD)? |  | | |
| Pregnant Student’s Risk Assessment | | | |
| Indicate which of the following have been considered as part of the Pregnant Student’s Risk Assessment (copies of any risk assessments should be attached to this form): | The student’s programme | |  |
| Programme / professional placements or Study Abroad | |  |
| Examinations or other assessments | |  |
| Other placements or field trips | |  |
| Students on placement | | | |
| Has the placement provider been notified of the student’s pregnancy or pregnancy of their partner, or adoption? |  | | |
| If the student is pregnant, has the placement provider conducted a health and safety risk assessment? |  | | |
| Is the placement provider aware of the University of Salford policy on supporting students during pregnancy and maternity, new parenthood and adoption? |  | | |
| What alternative arrangements will be made if the student will not be able to complete their placement and who will undertake these? |  | |  |
| Who is responsible for liaising with the placement provider? |  | | |
| Absences | | | |
| Consider whether dates or times of antenatal appointments will affect the student’s study and what arrangements / actions are agreed to enable the student to keep up with their studies. |  | | |
| Consider whether the student / their pregnant partner is experiencing any pregnancy-related illness that has affected / will affect the student’s study and what arrangements / actions are agreed to enable the student to keep up with their studies. |  | | |
| Assessments & Examinations | | | |
| Consider whether the student is / will be unable to complete any assessments due to their pregnancy or maternity or adoption / their partner’s pregnancy or maternity or adoption and what arrangements / actions are agreed in relation to outstanding or incomplete assessments. |  | | |
| Have students been informed about the PMC/FAAF procedure in the event that their pregnancy or maternity affects examinations and assessments? |  | | |
| Maternity, Adoption or Parental Support Leave | | | |
| How much leave does the student intend to take? |  | | |
| When does the student intend to start their leave? |  | | |
| When does the student intend to return from their leave? |  | | |
| Will the dates of absence affect the student’s ability to complete any programme module and if so, what arrangements have been made to enable the student to complete the module? |  | | |
| What information will the student require during their leave to keep up to date on programme developments and who will be responsible for providing the information to the student? |  | |  |
| Will the leave period affect any placement requirement and if so, what arrangements have been made in relation to this? |  | | |
| What arrangements need to be made in relation to the student’s departure on leave and return to study (e.g. suspension) and who will undertake these? |  | |  |
| What support will be arranged for the student on their return to study (E.g. meetings with key staff, put in contact with other student parents, arrange breastfeeding facilities) and who will undertake these? |  | |  |
| Is the staff member satisfied that any arrangements made comply with the University’s obligations in relation to immigration & nationality law / regulations (seek advice from Compliance team in Student Administration)? |  | |  |
| New Mother’s Risk Assessment | | | |
| Indicate which of the following have been considered as part of the Pregnant Student’s / New Mother’s Risk Assessments ahead of their return to study (copies of any risk assessments should be attached to this form): | Breastfeeding | |  |
| The student’s programme | |  |
| Programme / professional placements or Study Abroad | |  |
| Examinations or other assessments | |  |
| Other placements or field trips | |  |
| Any other arrangements, notes or comments |  | | |
| Signed by staff member/s to indicate agreement to plan. | Name: | | Title: |
| Signature: | | Date: |
| Signed by student to indicate agreement to plan. | Name: | | Title: |
| Signature: | | Date: |
| Date of next review: |  | | |

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