

## FORMAL RISK ASSESSMENT FORM

This form is used to carry out a risk assessment for Student Disciplinary (Non-Academic Misconduct) cases, for Fitness to Study cases, and for Fitness to Practice cases.

Where a case includes a complainant / complainants a separate risk assessment form (Appendix SE3b) needs to be included.

Completed risk assessment forms must be either emailed or posted to:	
<b><u>(for email)</u></b> Email: secases@uwtsd.ac.uk Subject: Risk assessment + case no.	<b><u>(for post)</u></b> Office of the Associate Pro Vice Chancellor (Student Experience) Carmarthen campus Carmarthen SA31 3EP

**SECTION A:**

**Details for the member of staff undertaking the risk assessment**

Staff Name:	
Role:	
Conflict of interest:	Please confirm that there is no conflict of interest in relation to this role <input type="checkbox"/>
Contact Address:	
Contact Telephone Number:	
E-mail address:	

**Student Details**

Student Name:			
Student Number:			
Contact Address:			
Contact Telephone Number:			
E-mail address:			
Programme of Study:			
Level of study:			
Mode of study:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Distance Learning
Faculty/School/Centre (as relevant):			
Campus:			
Declared disability or long-standing illness or health condition:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the student also a member of staff?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**SECTION B:**

**High-level summary:**

Please detail which policy or policies apply:

Disciplinary Policy (Non-Academic Misconduct)	<input type="checkbox"/>
Fitness to Practise Policy	<input type="checkbox"/>
Fitness to Study Policy	<input type="checkbox"/>
Fraud Procedures	<input type="checkbox"/>
Harassment and Bullying Policy	<input type="checkbox"/>
Health and Safety Policy	<input type="checkbox"/>
Information Technology and Systems Acceptable Use Policy	<input type="checkbox"/>
Prevent procedures	<input type="checkbox"/>
Professional Relationship Policy	<input type="checkbox"/>
Social Media Policy	<input type="checkbox"/>
Safeguarding Policy	<input type="checkbox"/>
The Strategic Equality Plan	<input type="checkbox"/>
Unfair Practice Procedure (for Academic Misconduct)	<input type="checkbox"/>

Where two or more policies are applicable, which will be the primary policy or which policy will be applied first?

(this box will expand as you type or you may attach additional sheets)

Please give a concise high-level summary of the case.

(this box will expand as you type or you may attach additional sheets)

Have criminal processes been commenced in this case:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please detail what criminal processes have been commenced in relation to this case.

(this box will expand as you type or you may attach additional sheets)

**Details of the risk assessment**

What are the risks to the well-being and safety of the student?

(this box will expand as you type or you may attach additional sheets)

What are the risks to the well-being and safety of others? \* Please use SE3b to detail the risks to the complainant(s), if applicable.

(this box will expand as you type or you may attach additional sheets)

What are the risks to University property, facilities or any other settings associated with the University?

(this box will expand as you type or you may attach additional sheets)

What are the risks in relation to any external settings (e.g. work placements, field trips, exchanges)?

(this box will expand as you type or you may attach additional sheets)

What are the risks to the reputation of the University?

(this box will expand as you type or you may attach additional sheets)

Are any risks particularly urgent? E.g. see precautionary measure guidelines which detail when particularly swift action needs to be taken.

(this box will expand as you type or you may attach additional sheets)

What measures are required to manage the risk(s)/concern(s)?

(this box will expand as you type or you may attach additional sheets)

Do reasonable adjustments need to be put in place for the student during the process? If yes, please liaise with the Student Services Department.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(this box will expand as you type or you may attach additional sheets)

What support arrangements need to be put in place for the student?

(this box will expand as you type or you may attach additional sheets)

Do any support arrangements need to be put in place in relation to their studies?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please detail arrangements:

(this box will expand as you type or you may attach additional sheets)

Do any specific support arrangements need to be put in place for the student in relation to communication during the case or communication of the outcome?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please detail arrangements:

(this box will expand as you type or you may attach additional sheets)

Do any specific arrangements need to be put in place in relation to any meetings held during the process?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please detail arrangements:

(this box will expand as you type or you may attach additional sheets)

Please give the name and contact details of the member of staff designated to provide support.

(this box will expand as you type or you may attach additional sheets)

What action needs to be taken by whom and by when?

Action	Whom	When
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(this box will expand as you type or you may attach additional sheets)

In case of a suspension of studies, please detail whether a partial or complete suspension is recommended and note the fixed term period and date of review.

A complete suspension of studies means that the student is not allowed to attend any classes, is not allowed to submit any work for assessment, and cannot be given any tuition or supervision in relation to their studies.

Complete Suspension	<input type="checkbox"/>	Partial Suspension	<input type="checkbox"/>
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**Partial Suspension Type:**

The student is allowed to attend certain classes but not all (e.g. not a field trip)	<input type="checkbox"/>
The student is allowed to submit work for assessment and study at a distance (accessing Moodle and e-resources) but is not allowed to physically attend classes	<input type="checkbox"/>
The student is allowed to submit work for assessment and access teaching and learning facilities on campus (e.g. library and IT facilities) but is not allowed to physically attend classes	<input type="checkbox"/>
The student is suspended from a work placement, exchange, field trip or internship.	<input type="checkbox"/>
Other:	

Time Period	Review Date
	Click or tap to enter a date.

(this box will expand as you type or you may attach additional sheets)

In case of an exclusion of any or all University grounds and facilities, please give detail whether this is a partial or complete exclusion and note the fixed term period and date of review. Please tick all that apply.

Total exclusion of all facilities and University grounds	<input type="checkbox"/>
Total exclusion of University grounds but not of facilities (e.g. IT, Moodle or e-resource access)	<input type="checkbox"/>
Exclusion from specific University grounds (e.g. a particular campus)	<input type="checkbox"/>
Exclusion from particular parts of campus (e.g. where the complainant is housed). If so, please detail where:	<input type="checkbox"/>
Exclusion from University accommodation	<input type="checkbox"/>
Exclusion from campus out-of-hours (e.g. night-time) but access (during the day) for teaching and learning purposes (either full access or access only to library and IT facilities in case the student is not allowed to physically attend classes)	<input type="checkbox"/>
Exclusion from the campus with the exception of access for the purposes of the process and support or counselling arrangements	<input type="checkbox"/>
Exclusion of all or certain electronic facilities (IT, Moodle, e-resource access).	<input type="checkbox"/>
Other:	

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(this box will expand as you type or you may attach additional sheets)

**Supporting evidence:** List and describe the documentation which you have attached in support of your risk assessment for the student.

(this box will expand as you type or you may attach additional sheets)

**Consultation:** Please indicate whether the student has been consulted in relation to the risk assessment.

(this box will expand as you type or you may attach additional sheets)

**Named representative:** Please indicate whether the student has nominated a named representative and give the contact details for this person.

Name:	
Contact Address:	
Contact Telephone Number:	
E-mail address:	
Has the student requested for the named representative to be copied into any communication in relation to their case?	

<b>Signature of Member of staff undertaking the risk assessment:</b>	<b>Date:</b>

<b>DVC approval in the case of a suspension of studies</b>	<b>Date:</b>

**Sharing of information: please detail who will need to be informed of the precautionary measures and support arrangements.**

(this box will expand as you type or you may attach additional sheets)

**Reasonable adjustments approved**

(this box will expand as you type or you may attach additional sheets)

<b>Approval for the reasonable adjustments from the Student Services Department</b>	<b>Date:</b>

**Review of risk assessment**

Reason for the review (e.g. appeal, end of fixed term period, additional risks or support needs have been identified, key stage in process):

(this box will expand as you type or you may attach additional sheets)

Please detail any adaptations made to precautionary measures, support arrangements or reasonable adjustments as a result of this review:

(this box will expand as you type or you may attach additional sheets)

<b>Signature of Member of staff undertaking the</b>	<b>Date:</b>
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<b>review of the risk assessment:</b>	