

FORMAL RISK ASSESSMENT FORM

This form is used to carry out a risk assessment for student disciplinary (Non-Academic Misconduct) disciplinary cases in relation to the complainant. Where there is more than one complainant, a risk assessment may need to be completed in relation to each individual complainant.

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| Completed risk assessment forms must be either emailed or posted to: | |
| <u>(for email)</u> Email: secases@uwtsd.ac.uk Subject: Risk assessment + case no. | <u>(for post)</u> 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

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|---------------------------|--|
| Staff Name: | |
| Contact Address: | |
| Contact Telephone Number: | |
| E-mail address: | |

Complainant's details

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|---|------------------------------------|------------------------------------|--|
| 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 medical condition | | | |

SECTION B: Details of the risk assessment

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| <p>What are the risks to the well-being and safety of the complainant?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
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| <p>What measures are required to manage the risk(s)/concern(s) and to be put in place?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>Do reasonable adjustments need to be put in place for the complainant during the process? If yes, please liaise with the Student Services Department.</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>What support arrangements need to be put in place for the complainant?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>Do any support arrangements need to be put in place in relation to their studies?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>Please give the name and contact details of the member of staff designated to provide support.</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>Do any specific support arrangements need to be put in place for the complainant in relation to communication during the case or communication of the outcome?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>Do any specific arrangements need to be put in place in relation to any meetings held during the process?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>What action needs to be taken by whom and by when?</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |
| <p>Please indicate the date on which this risk assessment needs to be reviewed.</p> <p>(this box will expand as you type or you may attach additional sheets)</p> |

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

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| <p>(this box will expand as you type or you may attach additional sheets)</p> |
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Consultation: Please indicate whether the complainant has been consulted in relation to the risk assessment.

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| <p>(this box will expand as you type or you may attach additional sheets)</p> |
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Named representative: Please indicate whether the complainant has nominated a named representative and give the contact details for this person.

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

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| Signature of Member of staff undertaking the risk assessment: | Date: |
| | |

Sharing of information: please detail who will be informed of the 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)

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| Approval of the reasonable adjustments by the Student Services Department | Date: |
| | |

Review of risk assessment

Reason for the review (e.g. additional risks or support needs identified, key stage in process):

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

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

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

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| Signature of Member of staff undertaking the review of the risk assessment: | Date: |
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