**FACULTY OF BIOLOGY, MEDICINE AND HEALTH**

##### Information Required for a Referral to the Faculty Committee on Fitness to Practise

##### This form should be used to make a referral to the Faculty Committee on Fitness to Practise, and should accompany the referral papers from the Division.

**Section 1. Student and Programme Details**

|  |
| --- |
| ID Number:  |
| Student’s surname:  |
| Student’s first name(s):  |
| Division and School: |
| Programme of Study: |
| Current Year of Study: |
| Branch/Sector (if applicable): |
| Student’s Current Academic Standing (e.g. registered and attending, repeating a year, interrupted, suspended): |

**Section 2. Referral Details**

|  |
| --- |
| Name of referring committee: |
| Date of referring committee: |
| Date of decision to refer (if different from committee date): |
| Date on which student was informed of the decision to refer: |
| Members of the referring committee: |
| If the student has also attended previous meetings of the referring committee, please provide the dates of those meetings and the names of the committee members: |
| Please mark the ground(s) on which the referral is being made: |
| Conduct |  |
| Health |  |
| Conduct and Health |  |

**Section 3. Details of Concerns/Allegations**

|  |
| --- |
| If not already included in the referral papers, please provide a list below of the events which have led to the referral, and for each event, the concern(s) which they demonstrate. Items in the list should be cross-referenced to relevant items in the papers. When stating concerns or making allegations, please be clear and explicit (for example, if it is alleged that a student has been dishonest, please use the word). |

|  |
| --- |
| Did the referring committee recommend a referral to The University of Manchester Occupational Health Service or other support service (e.g. Disability Advisory and Support Service, Counselling Service)? (Yes/No) |
| If yes, please provide further details, including the date on which the Division made the referral, to which service(s) it was made, and the date(s) of any appointments. Please ensure information relating to the referral is included in the supporting papers. |
| Is any information relating to the case still awaited e.g. health reports? If yes, please provide the date on which this is likely to be available, and forward any remaining information as soon as possible. |

**Section 4: Further Information**

|  |
| --- |
| Presenter of the Division’s case at the Fitness to Practise Committee: |
| The Faculty will liaise directly with the Presenter to set a convenient date for the Committee. However, if there are any dates that are likely to be inconvenient for the student, and which the Faculty should therefore avoid when scheduling the FTP Committee (e.g. assessment dates), please note these here. Likewise, please note any other time constraints that the Faculty should take into account in scheduling (e.g. student shortly due to graduate, student needs to complete/return to studies within a particular timescale) : |
| If the Division is aware of any outstanding appeals/complaints submitted by the student to the University or the OIA, please provide details: |
| If the student has any outstanding assessments which could result in exclusion in the near future, please provide the date of the assessment and the date that results will be published: |
| Any further information not already captured above: |

**Section 5: Referrer Contact Details**

|  |
| --- |
| Name of Person completing this Form: |
| Job Role: |
| Office Telephone Number: |
| Work E-Mail: |
| Date: |

Please send this form, with the supporting case papers, to:

**FBMH Faculty Student Appeals, Complaints and Fitness to Practise Team:**

**Address:** Room 3.21, 3rd Floor, Simon Building, Oxford Road, M13 9PL

**Email:** FBMHappealsandcomplaints@manchester.ac.uk

**Tel:** 0161 275 5793