This form should be used to make a referral to the Concern Review Panel (CRP) for the student’s Programme of Study. Please complete in line with the Faculty of Biology, Medicine and Health [Fitness to Practise Procedure](https://www.staffnet.manchester.ac.uk/bmh/teaching/teaching-activity/fitness-to-practise/)

**1. Student details:**

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| --- | --- | --- |
| **Student’s full name / ID number:** | **UG or PG / Year of Study:** | **Division / School / Programme / Award:** |
| **CEC/Branch, if applicable:** | **Already registered? Y/N:** | **If registered (PGT only), name of regulator:** |
| **Student’s current Academic Standing (e.g. registered and attending, repeating a year, interrupted, suspended):** |

**2. Case referred by (if referred by a panel, please give names of all panel members):**

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| --- |
| **Name / Role:** **Date:**Form completed by (only if different): Date:**Please mark to confirm that you have made the student aware of the referral, the exact reason(s) for the referral, and the Faculty Fitness to Practise Procedure: Date student informed of referral:** *Please advise the student that they will be contacted via their University email account.* |
| **Please mark and give dates if the student has previously attended:**  |
| SFtP:  | SDP (Academic Malpractice): | UDP (Academic Malpractice): | Support to Study (formerly Fitness to Study) Committee: |
| FFtP: | SDP (General misconduct): | UDP (General Misconduct): |  |
| **Grounds for referral** (indicate all that apply)**:** 1. Health 2. Conduct 2.a Attendance/lack of engagement 2.b Academic Malpractice 2.c Caution(s)/conviction(s) 2.dOther misconduct not covered above**Allegations (please refer to specific points in appropriate professional standards and name the standards used. Please specify dates of any relevant incidents or meetings with the student):****Evidence supporting allegation (please attach relevant paperwork only):** |

**3. Referral reviewed by Concern Review Panel, as per Procedure paragraph 2.6. Please clearly indicate outcome:**

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| --- | --- |
| **2.6.1. no further action shall be taken in connection with the concern(s)** | Dismiss: |
| **2.6.2. the concern(s) shall be addressed further by way of education, training, monitoring, supervision and/or support for the student (or by any other method considered appropriate in the circumstances)** | The concern shall be addressed by: |
| **2.6.3. the concern(s) shall be referred for consideration under an alternative University regulation, code, policy and/or procedure (for example, under Regulation XVII (Conduct and Discipline of students) or the Procedure on Support to Study), subject to paragraph 2.7** | The concern shall be referred for consideration under: |
| **2.6.4. an Investigation is appropriate to assist the Concern Review Panel in determining the next steps (for example, whether the concern(s) shall be referred to a Committee), subject to paragraph 2.8** | This is because: |
| **2.6.5. the concern(s) shall be referred for consideration by the School Level Fitness to Practise Committee (for less serious concerns)** | This is because: |
| **2.6.6. the concern(s) shall be referred to a Faculty Level Fitness to Practise Committee (for more serious concerns, as described at paragraph 2.9, for concerns that are particularly complex, or where it is otherwise necessary in order to expedite consideration of the concern)\******If the student is being referred to expedite consideration in accordance with paragraph 2.6.9 please advise.*** | This is because: |
| **2.6.7. the circumstances are such that a period of temporary suspension from studies is appropriate under section 4; and/or**  | This is because: |
| **2.6.8. where appropriate, the concern(s) shall be referred to the relevant professional regulator (i.e. where the student is also a registered and practicing professional); and/or**  | This is because: |
| **2.6.9. any other measure which the Concern Review Panel considers appropriate in the circumstances.** | These measures shall be: |
| \*If 2.6.5 or 2.6.6, please advise whether further information is required to aid the Committee, e.g. OHS referral: |
| **Name: Signed: Date:**If applicable, attach copy of discussion by email and indicate:  |