

FACULTY BMH FITNESS TO PRACTISE PROCEDURE CONCERN REVIEW PANEL REFERRAL FORM

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](#) 2022-2023:

1. Student details:

Student's <u>full</u> 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):

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: <input type="checkbox"/> Date student informed of referral:			
<i>Please advise the student that they will be contacted via their University email account.</i>			
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 <input type="checkbox"/> 2. Conduct <input type="checkbox"/> 2.a Attendance/lack of engagement <input type="checkbox"/> 2.b Academic Malpractice <input type="checkbox"/> 2.c Caution(s)/conviction(s) <input type="checkbox"/> 2.d Other misconduct not covered above <input type="checkbox"/> 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:

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:

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2.6.3. the concern(s) shall be referred for consideration under an alternative University regulation, code, policy and/or procedure	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	This is because:
2.6.5. the concern(s) shall be referred for consideration by the School Level Fitness to Practise Committee*	This is because:
2.6.6. the concern(s) shall be referred to a Faculty Level Fitness to Practise Committee* <i>If the student is being referred to expedite consideration in accordance with paragraph 2.6.6 please advise.</i>	This is because:
2.6.7. the circumstances are such that a period of temporary suspension from studies is appropriate	This is because:
2.6.8. where appropriate, the concern(s) shall be referred to the relevant professional regulator	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:	
<p>Name: _____ Signed: _____ Date: _____</p> <p>If applicable, attach copy of discussion by email and indicate: <input type="checkbox"/></p>	