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/) 2022-2023:

**1. Student details:**

|  |  |  |
| --- | --- | --- |
| **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):**

|  |
| --- |
| **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:**

|  |  |
| --- | --- |
| **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** | 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\******If the student is being referred to expedite consideration in accordance with paragraph 2.6.6 please advise.*** | 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: |
| **Name: Signed: Date:**If applicable, attach copy of discussion by email and indicate:  |