

Action Plan

PART A - to be completed by you (Student)					
Student Details					
Name					
Student Number:					
Email					
Telephone					
Emergency Contact Details					
Name					
Relationship					
Telephone					
Email					
In the case of an emergency, can we contact them?	Yes				
	No				
Award Details					
Award Title					
School					
Course Leader					
Level		FT/PT		Site	

Are you in your placement year?	Yes	
	No	
Key dates/Communication Preferences		
Due Date		
Preferred method of communication		
During Pregnancy		
During Pregnancy related absence		
On return to study		
PART B – to be completed by Student Support and Wellbeing Staff		
Financial Support – date student made aware:		
Student made aware of where to obtain advice		
Student Advice Centre		
Fees & Bursaries		
Student Finance		
Rest Facilities		

Detail appropriate rest facilities for student if applicable		
Maternity/Parental Leave		
How much maternity/Parental Leave does the student intend to take?		
Intended start date		
Intended end date		
Accommodation		
Are you living in on site student accommodation	Yes	No
Has the student been provided with GreenPad contact information	Yes	No
If 'no' provide reason for this		
Exceptional Circumstances Policy		

<p>Has student been advised of how to access exceptional circumstances process?</p>				
PART C – to be completed by Academic Staff				
Pregnancy/Adoption Related Absence				
<p>Have you discussed the dates or times of antenatal appointments affect the student's study?</p>				
<p>Have you discussed pregnancy-related illness that has affected the student's ability to undertake their course?</p>				
Assessments				
<p>Will Maternity Leave impact on ability to complete Award assessments?</p>	Yes		No	
<p>Details of arrangements if 'yes'</p>				

What information will the student require during maternity-related absence to keep up to date on course developments	
How will information be provided?	
Who will be responsible for providing information?	
Students on Placement	
Please tick if placement not applicable:	
Has student's placement provider been informed of pregnancy?	
Has the placement completed a Health and Safety assessment?	
Is the placement provider aware of our policy on	

supporting student's pregnancy and maternity?	
Will the student be able to complete their placement?	
If not, what alternative arrangements will be made?	
Who is responsible within school for liaising with placement provider?	Name:
	Tel:
	Email:
Additional Information – Student	

**Additional Comments/Information – Student Support and Wellbeing
Staff**

Additional Comments/Information – Academic Staff

Student Name	
Student Signature	

Student Support and Wellbeing - Name	
Student Support and Wellbeing – Signature	
Academic Staff - Name	
Academic Staff – Signature	
Date Completed	
Review Date	

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