

Appendix D: Note of Concern:

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To be completed by Head of School for each case of a student FTP self-disclosure (health) or as a record of a concern raised as to a student's supports needs and/or Fitness to Practise.
Document to be retained by School. Copy to be given to student.

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|--|--|-----------------------------|------------|
| Student name | | | |
| UCC ID | | | |
| Address | | | |
| Date of Birth dd/mm/yy | | / / | Tel/Mobile |
| Programme and year study: | | | |
| Concern raised by: | | | |
| FTP report received | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Brief outline of case: | | | |
| Head of School name: | | | |
| Date of meeting with <u>student</u> dd/mm/yy | | / / | |
| If others attended this meeting please write names clearly here: | | | |
| Agreed action Plan – please tick all that apply | | | |
| <input type="checkbox"/> | No further action needed | | |
| <input type="checkbox"/> | Student recommended to register for supports with DSS | | |
| <input type="checkbox"/> | Student recommended to explore supports from other UCC offices | | |
| Other action(s): | | | |
| Next review date: | | | |
| Signature of Head of School | | Date: | |
| Signature of Student | | Date: | |

I understand the nature of the concern(s) raised by the university, as has been explained to me and outlined in this document and the possible impact/consequences that this/these concern(s) may have upon my own fitness to practise.

I have agreed to work towards the action plan outlined above, which has been developed to support me.

I understand that if I am unable or unwilling to carry out the action plan, the university will need to consider taking appropriate or remedial actions, or referral as my situation will require.

I understand and consent to information surrounding my fitness to practise being shared with other relevant services within the University. A copy of this action plan will therefore be submitted to the Head of School/Academic Unit and other staff as deemed appropriate by the Head of School/Academic Unit.

I am aware that this Note of Concern will be retained by the Head of School/Academic Unit.

I understand that this case will be reviewed (*insert x days/weeks or months time*).

Signed: (Student)

Signed: (Head of School)

Dated: