**PGR Student Pregnancy Planning Form**

This form aims to guide discussions with PGR students during pregnancy and maternity. It should be completed and agreed with the student. It is not intended that all the form should be completed at a first meeting as initially a student will be unable – and should not be expected – to respond to all the issues raised.

The form should be reviewed by the School Postgraduate Research Tutor or Professional Doctorate Course Leader and the Director of Studies (DoS) at key stages (e.g. 16 weeks pregnant, 24 weeks pregnant, and prior to return to study); or at key points of the Academic Year (e.g. prior to examinations and field trips). If the student’s circumstances change, the plan will also need to be reviewed.

With the student’s agreement, this form, including periodic updates, should be shared with all relevant academic and support staff e.g. all staff who are directly involved in the teaching, learning and learning support of the pregnant student.

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| **Contact details** | | | |
| **1** | **Student details** | | |
| Name |  | |
| Telephone |  | |
| Student number |  | |
| **2** | **Emergency contact details** | | |
| Relationship to student |  | |
| Telephone |  | |
| **3** | **Course details** | | |
| Details of postgraduate study |  | |
| School |  | |
| Director of Studies |  | |
| Year of Study |  | |
| **Key dates** | | | |
| **4** | What is the student’s due date? | |  |
| **5** | How many weeks pregnant was the student when she notified the university of pregnancy? | |  |

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| --- | --- | --- | --- |
| **Communication with the student** | | | |
| **6** | What is the student’s preferred method of communication: | | |
| during pregnancy? | |  |
| during maternity-related absence? | |  |
| on return to study? | |  |
| **Informing other staff and students** | | | |
| **7** | Who will need to be informed about the student’s pregnancy and when would the student like them to be informed? | | |
| **Name and title** | | **Date** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Health and safety assessment (attach copy to this form)** | | | |
| **8** | Has a risk assessment been conducted that covers (where relevant): | | |
| the student’s course? | |  |
| course placements or study abroad? | |  |
| examinations or other assessments? | |  |
| field trips? | |  |
| Return from maternity-related absence | |  |
| Breastfeeding/expressing? | |  |
| **9** | Where changes are required to alleviate or minimise risks, who is responsible for ensuring they are implemented? | |  |
| **Pregnancy-related absence** | | | |
| **10** | Where dates or times of antenatal appointments affect the student’s study, how will this be managed? | |  |
| **11** | How should the student report any absences due to pregnancy-related illness? | |  |
| **12** | Where any pregnancy-related illness has affected/may affect the student’s ability to undertake their course, how will this be managed? | |  |
| **Assessments** | | | |
| **13** | Is the student unable to complete any assessments due to her pregnancy or maternity? | |  |
| **14** | If so, provide details: | |  |
| **15** | What alternative arrangements have been made for any outstanding or incomplete assessments? | |  |
| **16** | Will the student need special arrangements for any formal examinations she is due to sit? | |  |
| **Maternity-related absence (students are advised to provide information in writing at least 15 weeks before their due date)** | | | |
| **17** | How much maternity-related absence does the student intend to take? | |  |
| **18** | When does the student intend to start maternity-related absence? | |  |
| **19** | When does the student intend to return from maternity-related absence? | |  |
| **20** | Will the dates of maternity-related absence affect the student’s ability to complete any course module requirements? | |  |
| **21** | If so, what arrangements have been made to enable the student to complete the module? | |  |
| **22** | What information will the student require during maternity-related absence to keep up to date on course developments? | |  |
| **23** | Who will be responsible for providing the information to the student? | |  |
| **Financial support** | | | |
| **24** | Has the student sought advice from the Student Financial Support Service about sources of financial support? | |  |
| **25** | Is the (UK) student aware of how any benefits they receive will affect their student support entitlements, and vice versa? (the student should seek advice from the Student Financial Support Service) | |  |
| **Childcare** | | | |
| **26** | Has the student been informed that there are no childcare facilities on campus? | |  |
| **27** | Is the (UK) student aware that their mode of study will affect their childcare funding entitlements? | |  |
| **International students/those on placement abroad** | | | |
| **28** | Have international students or students on placement abroad been advised to: | | |
| Check airline restrictions on flying in late pregnancy? | |  |
| Check visa implications of returning home or extending their stay due to pregnancy and maternity? | |  |
| **Students on placement** | | | |
| **29** | Has the placement provider been notified of the student’s pregnancy? | |  |
| **30** | Has the placement provider conducted a health and safety assessment? | |  |
| **31** | Is the placement provider aware of the university’s policy on supporting students during pregnancy and maternity? | |  |
| **32** | Will the student be able to complete her placement? | |  |
| **33** | If not, what alternative arrangements will be made? | |  |
| **34** | Who is responsible for liaising with the placement provider? | |  |
| **Notification of Extenuating Circumstances** | | | |
| **35** | Has the student been informed about the PGR Notification of Extenuating Circumstances policy in the event that their pregnancy or maternity affects examinations and assessments? | |  |
| **Return to study** | | | |
| **36** | What support will be provided to the student on their return to study? (e.g. meetings with key staff etc.) | |  |
| **Further information** | | | |
| **37** | Any other information or comments | |  |
| **Signatures** | | | |
| Plan to be reviewed on | |  | |
| **Agreed by staff member** | | | |
| Name | |  | |
| Title | |  | |
| Signature | |  | |
| Date | |  | |
| **Agreed by student** | | | |
| Name | |  | |
| Signature | |  | |
| Date | |  | |