Student Maternity Support Plan

This plan is intended to guide discussion and formulate an agreed plan for students during pregnancy, maternity, paternity or adoption. It should be completed and agreed by the Personal Tutor/Supervisor and/or School Maternity Contact with the student over a period of meetings and continued as a live document. A copy should be retained on the student's Central and Wellbeing file.

Not all sections may be applicable depending on circumstance.

The form should be reviewed:

- at key pre-agreed stages or
- at key points of the academic year or
- if circumstances should change.

Needs Review: Doctoral School / Student Support notification and support available

Contact information and key staff:					
Student name:					
School/				Category	UG / PGT /
Department :					PGR
Programme				Year of study	i.e. 1 of 3
Title:					
Residency:	Home / EU / Over	rseas			
	(If overseas confi	rm if Tier 4 Visa	issued)		
Personal Tutor:				Aware?	Y/N
RH contact (if no	t personal tutor)				
Emergency conta	act details:				
Due date (or partner) / date of adopti		ption:	Date of notification	1:	
Details of ante-r	natal appointments	S			
Date and time		Arrangements made to cover work / catch-up insert more rows			
		as req.			
		_			

Absence / Maternity leave arrangements and expected return dates					
Start date of lea	ve				
Return date					
Examinations ar	nd Assessments*				
Note:					
Course code:	Assessment	Adjustments	Details		
	details and dates	agreed?			
					
*Information in this section may be shared with AQPO and DDS in order to support students with their assessment and examinations.					
Health and Safety review – agreed adjustments summary.					
Refer to separate risk assessments where necessary and form 1. Ensure this document is appended					
with the corresponding assessments.					
Responsible officer: (name)			Date/s reviewed and adjustments agreed where		
			necessary and action owners.		

General departmental risk assessm	ent			
Laboratory risk assessment review				
Fieldwork risk assessments				
Manual Handling risk assessment				
Lone working risk assessment (if no	t covered by			
above.)				
Placements / Fieldwork / Study ab	road			
RHUL placement liaison contact – ij	f not student (i.e	e. placement coordinate	or)	
Placement provider:				
Placement contact name and				
details:				
Documentation received				
Adjustments agreed				
Health Surveillance requirements				
Details	l			
(include adjustments incl. if relevant de	eferment dates:	who is resnansihle for imn	lementina adjustments:	
additional risk assessments.)	.jermeni aates,, v	viio is responsible for imp	rememing adjustments,	
,				
Visa and permit related issues				
International student returning hor	me:			
Extension of stay in U.K.				
Financial assistance and arrangem	ents			
Scholarshins / Funding hadios / Fac				
Scholarships / Funding bodies / Fee				
(arrangements made and relevant dates)				
Sources of support (consider receipt of assistance or scholarship funding)				
Benefits and student support entitlements				

Childcare funding entitlements and study impact			
Return to study			
Return to study meeting schedule			
Date and time	Arrangements made / with whom? / actions agreed / support required		
Arrangements for nursing / childcare			
Location of feeding/expressing facilities			
Storage for milk/equipment and preparation facilities			
Initial plans for childcare arrangements			

MEETING RECORD:

	Meeting details time/date including actions if necessary	Owner	Date completed or pending
Student Services			
Finance			
Accommodation provider			