**Appendix 1: Note of Concern**

**LEVEL 1 - 2 - 3 (circle, as appropriate)**

Note of Concern as to a Student’s Support needs and/or Fitness to Continue in Practise

Student’s Name:

Programme and Year of Study:

Student ID Number:

Mobile Phone:

Email:

Concern raised by:

**Brief Outline of Concern**

*Please provide a brief factual description of the concern. Specific examples/observations are particularly helpful.*

**Comments/Observations of Academic/Administrative/Support Staff/Placement Setting:**

 *Record observations, with specific examples where available, of staff/others, other than the person who first reported the concern. This can include observations / comments made by the placement provider, appropriate professional support services or academic tutors/ Year Heads.*

**Student’s Comments/Observations:**

*The student should be invited to discuss his/her comments and observations on the concerns and the support plan/follow-up arrangements. This will be minuted at the meeting by the secretary.*

**Agreed Action Plan:**

*This may include details of any supports recommended, as well as agreed outcomes that are desirable and limits of acceptable interactions and behaviour, where appropriate. This is to be noted at the meeting.*

 **Review Date:** *(Insert date that the case will be reviewed, if relevant)*

**Important Note**: (*If Leave of Absence or Withdrawal is being considered*)

*It is important to consider all possible financial implications of a leave of absence or withdrawal from your degree programme. There may be financial implications for your registration/tuition fees or grant if or when you return to third level at a later date. Further detailed advice can be obtained from the Fees Office or Student Support & Development staff at DCU.*

**Declaration**:

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 continue in practise.

I also understand the impact that this/these concern(s) may have upon the public, service users, young and potentially vulnerable individuals, with whom I am working.

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

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

I understand and consent to information surrounding my fitness to begin or continue in practise being shared with other relevant services within the University. A copy of this Management Plan will therefore be submitted to academic and other staff as deemed appropriate by the Chairperson of my Programme, Head of School, Dean of Faculty and/or the Vice-President, Academic Affairs/Registrar.

I am aware that this Note of Concern will be retained by relevant staff in DCU until I successfully graduate or leave the University.

Whilst I understand that the University has a duty of care to provide reasonable supports to me, I am responsible for my own health, wellbeing and actions and it is my responsibility to be fit to continue in practise.

I agree to this case being reviewed (insert X days/weeks or months’ time).

**Signed:** (Student) Date:

**Signed:** (Chairperson of Committee) Date:

Both the student and the Chairperson should sign the document once both parties are satisfied that the minutes noted in the Note of Concern are an accurate reflection of the discussions.