**Student Pregnancy and Maternity Support Form**

Please send a copy of this form to the Student Records Operations Team via the Assist Portal when complete.

This form is used to guide students during pregnancy and maternity and is for completion between a member of staff, e.g. personal tutor/trusted tutor and the student. It is not expected that all sections will be fully complete during initial meetings. Review dates are recommended at 16 and 24 weeks, prior to returning to study and/or key points in the academic calendar.

For further information and guidance, please refer online to Manchester Metropolitan University’s Student Pregnancy and Maternity Guidelines at [www.mmu.ac.uk](http://www.mmu.ac.uk)

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| 1. **Student contact details** |
| **Full Name :**  | **Student Number :** |
| **Address :** |  |
| **Post Code:** |
| **Email :** |
| **Telephone numbers** |
| **Mobile :** | **Other contact number :** |  |
| 2. **Course details** |
| **Course :** | **Year :** |
| **Department:** |
| 3. **Details of student’s point of contact within the department** |
| **Name :** |
| **Title :** |
| **Telephone :** |
| **Email :** |
| 4. **Key dates** |
| **Student’s due date/adoption date :** |
| **Current amount of weeks pregnant :** |

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| 5. **Preferred communication** |
| **During pregnancy :** |
| **During maternity-related absence** : |
| 6. **Health and safety** |
| **Has a risk assessment taken place with the department?** | **Y/N** | **NA** |
| **Name and contact details of staff :** |
| **Has a Personal Emergency Evacuation Plan (PEEP) taken place?** | **Y/N** | **NA** |
| **Name and contact details of staff :** |
| 7. **Pregnancy/Adoption related absence** |
| **Will the dates or times of antenatal/adoption appointments affect the student’s****attendance or completion of assessments/examinations?** | **Y/N** |
| **If yes, when and what arrangements/options have been suggested and what are the next steps to arrange them?** |
| **Have any pregnancy related illnesses been discussed which may affect the students ability****to undertake their course?** | **Y/N** | **NA** |
| **If yes, has the extension process been discussed with the student?** | **Y/N** | **NA** |
| **Will the due date affect any completion of examinations/assessments?** | **Y/N** |
| **If yes, when and what arrangements/options have been suggested and what are the next steps to arrange them?** |
| 8. **Maternity related absence** |
| **If the student is intending to take over the statutory 2 weeks leave, are they aware of how to request suspension of studies?** | **Y/N** |
| **What is the agreed maternity related start date?** |
| **What is the intended return from maternity related absence?** |
| **During maternity-related absence, what communication will take place to ensure the students is informed****of any course changes/developments?** |

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| **Name and contact details of staff :** |
| 9. **Financial support** |
| **Has information been provided to the student on their financial support options or have they****been signposted to services who can advise on this?** | **Y/N** |
| **Has the student been informed of how any benefits they claim/have claimed, may affect their****financial support entitlements or been signposted to services who can advise on this?** | **Y/N** |
| 10. **International students/those on placements abroad** |
| **Has the student been informed of any possible airline restrictions?** | **Y/N** | **NA** |
| **Are Tier 4 students aware of where to receive information regarding immigration****compliance /returning home etc?** | **Y/N** | **NA** |
| 11. **Students on placement** |
| **Will the student’s placement be fully attended?** | **Y/N** | **NA** |
| **Has the student notified the placements team of the pregnancy so MMU risk assessments can be arranged?****Name and contact details:** | **Y/N** | **NA** |
| **Has the placement provider been notified of the student’s pregnancy so workplace health****and safety risk assessments can be arranged? Name and contact details:** | **Y/N** | **NA** |
| 12. **Accommodation** |
| **Is the student intending to move out of their MMU accommodation?** | **Y/N** | **NA** |
| **When does the student intend to move?** | **NA** |
| **Is the student aware of where to receive advice on accommodation options, contracts etc?** | **Y/N** | **NA** |
| **Has the student notified their halls of residence accommodations office so that the necessary health and safety/risk assessments can take place?****Name and contact details:** | **Y/N** | **NA** |
| 13. **Return to Study** |
| **What support arrangement are taking place during the students return to study?** |

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| 14. **Further Information** |
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| 15. **Signatures** |
| **Inclusion & Disability Service staff member** |
| **Name** |  |
| **Title** |  |
| **Signature** |  |
| **Date**  |  |
| **Departmental staff member** |
| **Name** |  |
| **Title** |  |
| **Signature** |  |
| **Date** |  |
| **Student** |
| **Name** |  |
| **Signature** (I give permission for the content of this form to be shared with other MMU staff/departments whereapplicable, i.e Student Records Team, Departmental Staff, Support Service staff) |  |
| **Date** |  |
| **Plan to be reviewed on :** |