**Student Pregnancy and Maternity Support Plan**



\*See accompanying advisory notes for further guidance on completing this form

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| **Contact details** |
| **1** | **Student details** |
| **Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Student ID No.**  |  |
| **2** | **Emergency contact details** |
| **Name**  |  |
| **Relationship to student**  |  |
| **Telephone** |  |
| **3** | **Course Details** |
| **Course title** |  |
| **Personal Tutor** |  |
| **Year of study** |  |
| **4** | **Details of student’s named point of contact within course team/department** *\*Provide a named contact for each programme area if the student is studying dual honours* |
| **Name**  |  |
| **Title** |  |
| **Telephone** |  |
| **Email** |  |
| **Key Dates** \*(to be reviewed and updated at points over the course of the pregnancy/maternity/adoption) |
| **5** | What is the student’s due date/date of adoption? |  |
| **6** | How many weeks pregnant was the student when she first notified the University of the pregnancy? |  |

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|  **Communication with the student** |
| **7** | **What is the student’s preferred method of communication:** |
| During pregnancy/adoption? |  |
| During maternity/adoption-related absence? |  |
| Upon return to study? |  |
| **Informing other staff and students** |
| **8** | **Who will need to be informed about the student’s pregnancy and when would the student like them to be informed?** \*(NB Unless otherwise agreed, the student will inform the people listed below). |
| **Name and role:** | **Date:** |
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| **Health and safety/risk assessment** \*(attach to/save a copy with this form)*An assessment is required for each programme area if the student is studying dual honours* |
| **9** | **Has a Maternity Risk Assessment been conducted that covers (where relevant):** |
| the student’s course? |  |
| field trips? |  |
| examinations or other assessments? |  |
| course placements or study abroad? |  |
| return from maternity-related absence? |  |
| Breast-feeding/bringing baby onto campus (if applicable)? |  |
| **10** | Where changes/adjustments are required to alleviate or minimise any risks, what adjustments have been identified? |  |
| **11** | Who is the person(s) responsible for ensuring any identified adjustments are implemented? |  |

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| **Rest facilities** |
| 12 | Has the student been informed about facilities on campus for use by pregnant students? |  |
| **Pregnancy/adoption-related absence** |
| **13** | Will the dates/times of antenatal appointments/pre-adoption meetings affect the student’s study? |  |
| **14** | Have you discussed any pregnancy-related illness that has affected the student’s ability to undertake their course? |  |
| **15** | If yes to either of the above questions, what arrangements have been made to enable the student to catch up? |  |
| **Assessments/examinations** |
| **16** | Is the student unable to complete any assessments/examinations due to her pregnancy or maternity/adoption? |  |
| **17** | If so, provide details: |  |
| **18** | Where appropriate, what adjustments/arrangements have been made in relation to any outstanding or incomplete assessments? |  |
| **Maternity/adoption-related absence** *\*(The student should provide information in writing at least 15 weeks before their due date/adoption date)* |
| **19** | How much maternity/adoption-related absence does the student intend to take? |  |
| **20** | When does the student intend to start maternity/adoption-related absence? |  |
| **21** | When does the student intend to return from maternity/ adoption-related absence? |  |
| **22** | Will the dates of maternity/adoption-related absence affect the student’s ability to complete any course requirements? |  |
| **23** | If so, what arrangements have been made to enable the student to meet these requirements? |  |
| **24** | What information will the student require during maternity/adoption-related absence to keep up to date on course developments? |  |
| **25** | Who will be responsible for providing the information to the student? |  |

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| **Well-being and financial advice/support** |
| **Has the student been made aware of:** |
| **26** | The university support services available to them. E.g. - counselling- mental health support- learning/disability support (including where pregnancy- related illness become an issue) |  |
| Where they can obtain information regarding the financial implications relating to their pregnancy/ adoption, any maternity/adoption-related absence and possible sources of maternity/adoption benefits or allowances? **\*(The Student Funds Team and LHU Students’ Union Advice Service can provide such advice).** |  |
| **Baby feeding** |
| **27** | Does the student intend to breastfeed their baby on university campus on their return to study? ***\*If yes, please see health and safety section above.*** |  |
| **28** | Does the student intend to express breast milk whilst on university campus?  |  |
| **29** | If yes to either of the above, please signpost the Student to Student Development and Well-being for advice regarding the facilities available on campus |  |
| **Childcare** |
| **30** | Does the student need to find out about childcare providers/facilities in the local area? ***\*If yes, please signpost student to Student Development and Well-being.*** |  |
| **31** | Is the (UK) student aware that their mode of study will affect their childcare funding entitlements?***\*(Refer student to the Student Finance and Funds Team/ LHU Students’ Union Advice Service for further advice)*** |  |
| **International students/those on study abroad placement** |
| **32** | **Have international students or students on placement abroad been informed about:** |
| The need to check visa implications of returning home or extending their stay due to pregnancy and maternity?***\*Please signpost the student to the International Student Compliance Officer in the Student Admin Team (0151 291 3431).*** |  |
| Possible airline pregnancy flying restrictions? ***\*Student should be advised to check with the relevant airline carrier.*** |  |

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| **Students on placement** |
| **33** | Has the placement provider been notified of the student’s pregnancy? |  |
| **34** | Has the placement provider conducted a health and safety/risk assessment?***\*(If no, an assessment must be arranged at the earliest possible opportunity).*** |  |
| **35** | Is the placement provider aware of the HEI’s arrangements regarding supporting students during pregnancy and maternity? |  |
| **36** | Will the student be able to complete their placement? |  |
| **37** | Who will be responsible for monitoring the student whilst on placement in relation to this support plan? |  |