University of Nottingham

School of Pharmacy

Notification of Concern about a Pharmacy Student

*(Please complete all sections in yellow)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name**(BLOCK CAPITALS if hand written) |  | **Year of Study**(if known) |  |
|  |  | **Student ID no.**(if known) |  |
| **Please select the nature of concern** |
|[ ]  Student unhappy / appears withdrawn / has health problems. |
|[ ]  Inappropriate attitudes or behaviour  |
|[ ]  Serious misconduct (e.g. a criminal conviction or caution / drug or alcohol misuse / aggressive or threatening behaviour). |
|[ ]  Other |
| **Please describe the concern** (attach evidence as necessary)**:** |
|  |
| Name of person reporting |  | Date of concern |  |
| Contact telephone number(s) |  | Email |  |
| Context in which this student has come to your attention |
|[ ]  As Personal tutor |[ ]  Pharmacy Student |
|[ ]  Member of academic staff |[ ]  Member of the public  |
|[ ]  Member of support staff |[ ]  Other (please state) |
| Signature(If sent electronically from a University account please state your username) |  |
| **Please return to:** “Fitness to Practise Administrator”, Student Services Centre (East), Physics Building, University Park, Nottingham NG7 2RD or by email to pharmacy.concerns@nottingham.ac.uk |
| ***Office use only:*** |
| Date received |  | Received by |  |
| Date entered into concern log |  | Concern Log ID |  |
| Personal tutor |  |
| Welfare notified (date and whom) |  |
| *Standards for Pharmacy Professionals: to which principle does this ‘Concern’ relate? If applicable* |  |

All concern forms received will be treated as confidential but it cannot be guaranteed that the originator will not be identified to the student concerned. Where a concern about an individual is progressed to a fitness to practise committee, only in exceptional circumstances will their identity not be disclosed.

Concerns raised anonymously will not normally be considered.