

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			
<input type="checkbox"/>	Student unhappy / appears withdrawn / has health problems.		
<input type="checkbox"/>	Inappropriate attitudes or behaviour		
<input type="checkbox"/>	Serious misconduct (e.g. a criminal conviction or caution / drug or alcohol misuse / aggressive or threatening behaviour).		
<input type="checkbox"/>	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			
<input type="checkbox"/>	As Personal tutor	<input type="checkbox"/>	Pharmacy Student
<input type="checkbox"/>	Member of academic staff	<input type="checkbox"/>	Member of the public
<input type="checkbox"/>	Member of support staff	<input type="checkbox"/>	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)			
<i>Standards for Pharmacy Professionals: to which principle does this 'Concern' relate? If applicable</i>			

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.