**APPENDIX C: Confirmation of agreed actions and accommodations to support Fitness to Practise**

**Academic Quality**

**Framework**

**Fitness to Continue**

**to Practise**

**(Appendix C)**

**Approved by Academic Council 22 June 2022**

This form is to be completed by Head of School (or nominee) in collaboration with the student.

Important notes for the use of this form:

1. Individuals completing this form are reminded that the information may be subject to a Freedom of Information request or Data Subject Access Request.
2. This form is available from the TU Dublin Academic Affairs website. A copy should be provided to the student and a copy retained in the School for the duration that the student is engaged in the programme of study, after which time the form will be destroyed confidentially.
3. Completed forms will always be securely transferred using the HEAnet FileSender Application (<https://filesender.heanet.ie/1.7/>)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Programme & Year : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Nature of the Fitness to Practise Concern (Brief description)** |

|  |
| --- |
| **Accommodations, local arrangements to manage the Fitness to Practise matter:** |

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**Student Declaration:**

**Initial each statement below:**

1. 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 and consequences that such concern(s) may have upon my own Fitness to Practise.

Initial: \_\_\_\_\_\_\_

1. I have agreed to work towards the action points outlined above, which have been developed to support me.

Initial: \_\_\_\_\_\_\_

1. I understand that if I am unable or unwilling to carry out the action plan, the University will need to consider taking ap-propriate or remedial actions, or referral to a healthcare professional as my situation will require.

Initial: \_\_\_\_\_\_\_

1. I understand and consent to information surrounding my Fitness to Practise being shared with other relevant ser-vices within the University as necessary.

Initial: \_\_\_\_\_\_\_

1. A copy of this action plan will therefore be submitted to the Head of School and other staff as deemed appropriate by the Head of School

Initial: \_\_\_\_\_\_\_

1. I am aware that this Note of Concern will be retained by the Head of School. I understand that this case will be reviewed in (insert x days/weeks/months time)

Initial: \_\_\_\_\_\_\_

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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