**APPENDIX A: NOTE OF CONCERN**

**Academic Quality**

**Framework**

**Fitness to Continue**

**to Study – Note of Concern (Appendix A)**

**Approved by Academic Council 22 June 2022**

This note is to be raised by Head of School or Head of Student Services and Wellbeing

Note of Concern as to a Student’s Support needs and/or Fitness to Continue to Study

LEVEL 1 2 3 (CIRCLE APPROPRIATE)

**Section 1: Student details:**

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| Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Next of Kin (registered on Banner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Concern raised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brief outline of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 2: Description of the concern**

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| Brief factual description of the concern. \*Specific examples/observations are particularly helpful\*. |

**Section 3: Description of the concern -** Comments/Observations of Academic/Admin/Support Staff/Others:

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| Record observations, with specific examples where available, of staff/others, other than the person who first reported concern. This can include observations/comments made by appropriate professional support services/academic mentors/welfare staff |

**Section 4: Student Comments/ Observations:**

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| The student should be invited to record his/her comments/observations on the concerns and the support plan/follow-up arrangements. |

**Section 5: Agreed Action Plan:**

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| This may include details of any supports recommended/arranged, as well as agreed outcomes that are desirable and limits of acceptable interactions/behaviour, where appropriate. |

**Section 6: Review Date:**

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| Important Note: (If Deferral or Withdrawal is being considered)  It is important to consider all possible financial implications of a leave of absence or withdrawal from your degree programme. There may be financial implications for your registration/tuition fees or grant if or when you return to third level education at a later date. Further detailed advice can be obtained from the Fees Office TU Dublin.  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 7: Declaration:**

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| 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/consequences that this/these concern(s) may have upon my own Fitness to Continue to Study; 2. I also understand the impact that this/these concern(s) may have upon the community of fellow students and staff who are working and studying at the University and to which I belong; 3. I have agreed to work towards the action plan outlined above, which has been developed to support me; 4. I understand that if I am unable or unwilling to carry out the action plan, the University will need to consider taking appropriate or remedial actions, or referral as my situation will require; 5. I understand and consent to information surrounding my Fitness to Continue to Study being shared with other relevant services within the University. A copy of this Action Plan will therefore be submitted to the Head of School/Campus Life and (insert other specific) and other staff as deemed appropriate by the Head of School/Head of Student Support and Wellbeing; 6. I am aware that this Note of Concern will be retained by the Head of School/Campus Life for the duration of my study; 7. Whilst I understand that the University has a duty of care to provide reasonable supports to me, I am responsible for my own health, wellbeing and actions and it is my responsibility to be fit to continue in study; 8. I agree to this case being reviewed (insert x days/weeks or months’ time).   **Signature:**  **Date:** |