**Pregnancy Support Plan**

**To be carried out by the Academic Support Coordinator and student with input from the Course teams, HE Student Administration, Student Finance Officer and Health and Safety Manager.**

**Please also follow suspension of studies procedure and advise of extenuating circumstances procedure if needed.**

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| --- | --- |
| **Name and ID:** | **Course year and level of study:** |
| **Tutor/Course Leader:** | **International/ Home student?** |
| **Weeks Pregnant:** | **HE Student Administrator:** |
| **Expected date of delivery:** | **Date of Plan:** |
| **Date Informed:** | **Carried out by:** |

|  |  |
| --- | --- |
| **Arrangements for ante-natal appointments and key dates (see student pregnancy guidelines)** | |
| Comments: | Actions: |
| **Absences** | |
| Comments: | Actions: |
| Academic Support Plan: (include any submission dates and modules which may be affected) | Actions: |
|  |  |
| **Financial implications ( include visa implications where appropriate)** | |
| Comments: | Actions: |
| **Communication with the student during any period of absence relating to pregnancy** | |
| Comments: | Actions: |
| **Return to study support ( welcome back support and any feeding requirements?)** | |
| Comments: | Actions: |
| Other: | Actions: |
|  |  |