University of Nottingham (Malaysia)

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|  | Student unhappy / appears withdrawn / has health problems.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”, c/o Pharmacy Administrator, Faculty of Science Office, The University of Nottingham Malaysia Campus, Jalan Broga, 43500 Semenyih, Selangor, Malaysia 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.