**Raising Concerns Report Form**

**Students**

Please complete this form to raise concerns you have about your safety/welfare or the safety of others you are caring for. This could be either while on placement or during any other time in your studies. The Raising Concerns Flowchart and accompanying guidance (Raising Concerns – what to do) shows what might be classed as a concern, what will happen after you have raised the concern and how you will be supported If you are in any doubt, seek support from your placement practice educator/mentor or if you feel you can’t do that, from your university tutor

**Staff**

As a registered health care/social care professional you are responsible for acting on concerns raised by students which has the potential to cause risk or harm to an individual(s) or organisation, or the student’s educational experience.

Please use this form to record the area of risk/ concern that the student discusses with you.

**Timeframe for completion of this form**

Within 24 Hours: Details contained within section 1  
Within 72 Hours: Details contained within sections 2 and 3  
After day 4 and before day 7: Details contained within section 5  
After 3 weeks: Outcome report (please attach separate document)

This form must be completed and sent to Rachel Hadland (Rachel.Hadland@uwe.ac.uk) Director of Professional Placements, Faculty of Health & Applied Sciences within **five** **days of the incident occurring** in the first instance.

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| **Section 1: Contact Details** | |
| Report submitted by |  |
| Date |  |
| Received & acknowledged by SB/Prof services |  |
| File closed /no further monitoring required date |  |
| Student details (name, student number etc) |  |
| Student programme, cohort and campus |  |
| Student Contact Details |  |

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| **Section 2: Incident details** | |
| When did the incident occur? |  |
| Where did the incident occur? |  |
| Description of what happened / has the incident been reported? |  |
| Is there an immediate management plan? If so give details |  |
| Who is responsible for this management plan? |  |
| Are any external stakeholders involved e.g. CQC, Ofsted, professional body? |  |

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| **Section 3: – to be completed by UWE Bristol** | |
| Details of the University’s management plan - who is responsible for this? |  |
| What is the expected timeframe for this? |  |
| Expected outcomes of the University’s immediate action plan |  |
| What is the expected timeframe for this? |  |
| Details of the University’s on-going management plan and expected outcomes |  |

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| **Section 4: Placement Information** | |
| Details of the placement provider’s action plan – who is responsible for this? |  |
| Details of the placement provider’s on-going management plan and expected outcomes |  |

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| **Section 5: Student outcome** | |
| Outcome regarding the student |  |
| Completed by: |  |

Thank you for completing this form