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|  | **PLACEMENT MC FORM 11/11** |
| **SUBMISSION OF EVIDENCE OF MITIGATING CIRCUMSTANCES RELATED TO PLACEMENTS** | |
| *It is strongly recommended that you discuss any mitigating personal circumstances with your Student Support officer* | |
| **How to complete and submit the form**   * To complete this form you will need the following:   + personal details   + placement details   + evidence of mitigating circumstances * You must do this no later than ***5 working days after placements are released.*** | |

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| ***Confidentiality***  Please note that in order to consider your case the information that you provide will be made available to appropriate administrative and academic staff including members of the relevant Placement Review Panel. If the nature of your circumstances are of such an exceptionally delicate or personal nature that you do not wish information to be divulged to the Panel, please provide details of the member of staff to whom you have made your circumstances known. | | | | | |
| **Name of staff member:** |  |  | **Designation:** |  |  |
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| **REPORT ON MITIGATING CIRCUMSTANCES** | |
| 1. **PERSONAL DETAILS** | |
| **Name** |  |
| **Student ID Number** |  |
| **Faculty** |  |
| **Course Title and Year** (e.g. BSc Midwifery 1; BSc Physiotherapy 2; BSc Occupational Therapy 3) |  |
| **Nursing Students only:**  Branch/Field of Nursing |  |
| **Contact telephone number** |  |

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| 1. **DETAILS OF MITIGATING CIRCUMSTANCES** | |
| Please describe fully the nature of the circumstances: | |
| The following will not be considered mitigating circumstances: | Travel under 2 hours each way  Cost of travel  Risk of adverse weather conditions  Routine child care/Carer responsibilities |
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| 1. **DOCUMENTARY EVIDENCE** | |
| List of documentary evidence attached or reasons why documentary evidence cannot be attached. | |
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| Please note that the Placement Review Panel will take factual information and evidence into account, but will not normally take account of statements which only offer support, but give little or no factual details. | |

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| 1. **CERTIFICATION OF FORM** | | | | | | | | | | | | | |
| I certify that:   * the information I have given on this form is correct to the best of my knowledge * I have attached to the form all the documents listed in 3 above * I understand that appropriate staff will have access to the information provided on this form | | | | | | | | | | | | | |
| **Signed:** |  | | | |  | | | | **Date:** | |  |  |
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| 1. **UNIVERSITY STAFF COMMENTS / OUTCOME** | | | | | | | | | | | | | |
| **For use by University staff e.g. Course Management team / Placement Staff** | | | | | | | | | | | | | |
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| **Signature of staff member:** | | | |  | |  | **Date:** |  | |  | | |
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| **Name** (please print)**:** | |  | | | |  | | | | | | |
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| ***For Office use only*** | | | ***Date form was submitted:*** | | | | | | | | | |