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**REQUEST FOR REVIEW OF RISK ASSESSMENT PANEL FORM**

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| **Please ensure that you have read and understood the Risk Assessment Procedures, available at:** [**https://registry.southwales.ac.uk/student-regulations/student-conduct/**](https://registry.southwales.ac.uk/student-regulations/student-conduct/)  **This form should be submitted to the Student Casework Unit via:** [**studentcasework@southwales.ac.uk**](mailto:studentcasework@southwales.ac.uk) **no later than 5 working days after notification of the Risk Assessment Panel’s decision.** |

**YOUR DETAILS**

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| --- | --- | --- | --- |
| **Surname:** |  | **First Name(s):** |  |
| **Student number:** |  | | |
| **Email address:** |  | | |
| **Telephone Number:** |  | | |
| **Course:** |  | | |
| **Faculty:** |  | | |

**GROUNDS FOR REVIEW**

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| **Please outline your reasons for requesting a review of the Risk Assessment Panel’s decision:** |
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| **Please detail what reasonable outcome or further action you are expecting:** |
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**EVIDENCE**

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| **Please list any evidence you have provided to support your grounds for requesting a review.** |

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| **Evidence attached in support of your request for review** | |
| **Type of evidence:** | **Date of evidence:** |
| *e.g. letter, e-mail, course materials, written statement* |  |
| *e.g. letter, e-mail, course materials, written statement* |  |
| *e.g. letter, e-mail, course materials, written statement* |  |
| *e.g. letter, e-mail, course materials, written statement* |  |

**SPECIFIC REQUIREMENTS – SUPPORT FOR STUDENTS WITH A DISABILITY**

The Student Casework Unit is committed to providing an inclusive service to all our students. We recognise that Being subject to a risk assessment may be a very stressful time. There are a number of ways in which the University can support you through its casework procedures. Please see <https://registry.southwales.ac.uk/student-regulations/> - Support for Students with Disabilities for more information.

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| **If you have a disability that you wish us to take into account, please indicate below.** |
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We will contact our Disability Service and/or our Wellbeing Service to establish if you are registered with them. If you are not registered, then we may need to ask you for evidence of your disability.

**DECLARATION**

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| **I declare that the information given above, and any attached corroborating evidence, is accurate and true to the best of my knowledge.**  **I understand that this form, and the evidence submitted with it, will constitute part of the full case file, which will be made available to appropriate parties on request and shared in line with the relevant Communication Plan[1] and Privacy/Fair Processing Notice[2].** | | | |
| **Signed:** |  | **Date:** |  |