

## Risk Assessment Form for New and Expectant Mothers who are Students

Please complete this form making reference to the risk assessment guidance notes provided.

<b>Student's name:</b>				
<b>Registration No:</b>			<b>Date baby is due:</b>	
<b>Course</b>			<b>Department:</b>	
<b>Who could be harmed?</b>				
Student who is pregnant or recently given birth (in the last 6 months) and their unborn or breastfeeding child.				
<b>Significant hazards or possible risks applying to students:</b>				
Risk ID (From guidance)	Risk / hazard	Please give details (to be completed by student)	Control measures required (to be completed by Student Support <sup>1</sup> in discussion with the student)	In place? Y/N/NA
<i>Example 4</i>	<i>Stress and fatigue</i>	<i>Student feels OK at the moment, but is concerned that during later stages of pregnancy she may have trouble sleeping and feel tired, which may affect her ability to study for her exams.</i>	<i>Agreed that student should speak to Student Support now about possible support / options available should she find pregnancy is significantly affecting her studies.</i>	

<sup>1</sup> Student Support should speak to their Departmental Health and Safety Officer or the Health and Safety Advisory Service if they need advice on the risk assessment.

**Are there any additional hazards/risks to the new and expectant student mother and control measures (if any)?**

Refer to risk assessments for hazardous activities relating to the student's normal work and record the specific action to be taken to control the risks to the pregnant student and by whom.

**In place?  
Y/N/NA**


**Are there any placements and/or field trips (including Study Abroad) which the student will be expected to attend during her pregnancy?**


**REVIEW: Assessment should be reviewed at regular intervals throughout the pregnancy and if student returns to study within 6 months of birth or whilst still breastfeeding**

<b>Agreed Review Date</b>	<b>Review Notes / Action</b>

**Both Student Support and student should sign and date the assessment to confirm they agree to the proposed actions:**

Signed (Student Support): (signing to confirm completion of risk assessment)		Date:
Name of Student Support Adviser:		
Signed (Student): (signing to confirm completion of risk assessment and accuracy of information given)		Date:

**FURTHER GUIDANCE**

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