



Support for Learners Procedures

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1. REVISION HISTORY AND APPROVAL

Revision	Nature of change	Approval	Date
1.0	First Issue	JL	27/07/21
1.1	New addition (section 12)	GK	18/8/23

2. INTRODUCTION

- 2.1. Due to nature of Counselling and Psychotherapy programmes, learners require an elaborate support structure to be in place and available to them when/if they encounter personal/professional difficulties as they progress through their programme.

3. SCOPE OF THESE PROCEDURES

- 3.1. Learner supports are accessible and available equally to all learners across all programmes, including taught programmes, online, blended learning, collaborative, transnational and joint award provision.
- 3.2. Non qualifying programmes are out of scope for several of these supports e.g. deferral, pause of programme and others.

4. ACCESSING LEARNER SUPPORTS: STUDENT SERVICES

- 4.1. Learners will receive communication and introductions, including contact details, from Student Services upon offer of their learner place and through the learner induction orientation process.
- 4.2. Student Services are available to answer queries via phone or email at any point throughout a learner's enrolment.
- 4.3. Student Services host two annual Programme Voice Groups in addition to Learner Collaboration Forums throughout the academic year.
- 4.4. Support Procedures:
 - 4.4.1. Learners can access the various supports on offer via Student Services and through the following procedures:
 - 4.4.2. Academic Support for Learners
 - 4.4.3. Procedures related to Clinical Elements (client work handbook, sign off procedure, etc.)
 - 4.4.4. Disability Support Procedure
 - 4.4.5. Programme Voice Group Procedure
 - 4.4.6. Financial Difficulties Procedure
 - 4.4.7. Fitness to Practice Procedure
 - 4.4.8. Mitigating Circumstances Procedure
 - 4.4.9. Procedures on the Provision of Pastoral Care
 - 4.4.10. Programme Interruption and Withdrawal Procedure
 - 4.4.11. IT Support Procedure

5. ACADEMIC SUPPORTS FOR LEARNERS

- 5.1. PCI College has a number of supports available to learners in the areas of pastoral care, clinical support and academic support.
- 5.2. In Scope Academic Supports
 - 5.2.1. Learner Induction and Orientation
 - 5.2.2. Office 365 Suite
 - 5.2.3. Student Portal
 - 5.2.4. Sage Online Library with discount for purchasing texts
 - 5.2.5. Middlesex University Library (for Middlesex Validated Programmes)
 - 5.2.6. Academic Writing Knowledge Base
 - 5.2.7. Academic Writing Webinars
 - 5.2.8. ESubmissions
 - 5.2.9. Formative and Summative Feedback
 - 5.2.10. Module Materials
 - 5.2.11. Lesson Plans
 - 5.2.12. Grading rubrics/guidelines

5.3. Access to academic supports

- 5.3.1. Learners will receive an overview of all academic supports available during learner inductions and orientations.
- 5.3.2. Learners will receive live demonstrations on how to access the supports and gain access to tools for their own information, such as 'how to' videos.
- 5.3.3. Programmes Office are the main supporting department related to academic supports. Learners will receive all relevant contact information during orientation.
- 5.3.4. In addition to the support provided by Programmes Office, learners have access to their Student Development and Progression Officer, Year Head, Programme Leader and Head of Counselling and Psychology.
- 5.3.5. Student Services are available to direct learners in the area of academic supports available.
- 5.3.6. Additional supports can be accessed on the basis of an identified need. Please see Disability Policy and Procedure for further information.

5.4. Quality Assuring Academic Supports

- 5.4.1. At the end of each academic year a senior member of the Academic Department and Programmes Office review all academic supports for learners.
- 5.4.2. The feedback collated through the Programme Voice Groups (PVG), Webinar feedback and all other feedback mechanisms are reviewed in order to implement actions noted for areas of improvement.
- 5.4.3. During this process, input will be sought from the Head of Counselling and Psychotherapy to ascertain if all actions collated through programme reviews have been appropriately considered.
- 5.4.4. A comprehensive review is conducted of the Academic Writing Knowledge Base implementing updates for areas requiring modification based on the feedback from the above steps. All updates are approved by the Head of Counselling and Psychotherapy.
- 5.4.5. All updates are communicated to Lecturers via email from the Programmes Office encouraging them to become familiar with the changes and advocate for the use of available resources among the student body.
- 5.4.6. All updates are communicated to learners at the beginning of the academic year in a welcome email from Student Services. Updates are also incorporated into the Induction and Orientation sessions.
- 5.4.7. A schedule of academic writing webinar dates is communicated to learners via Programmes Office at the beginning of the academic year.
- 5.4.8. The quality assurance of all academic supports is overseen by the Academic QA Co-Ordinator.

6. **CLIENT WORK SIGNOFF PROCEDURE**

6.1. Preamble

- 6.1.1. To complement the clinical supports in place for learners across all programmes with clinical requirements, PCI College have developed a number of informational procedures for learners. These are primarily outlined within the Client Work Handbook for the relevant programme. The Clinical Information Handbook is available within the Programme Handbooks and within the Course Information section of the Student Portal.
- 6.1.2. Working with clients is an integral component of the clinical requirements in place and the process to support learners to prepare for clinical placement, including an assessment of readiness to see clients, is integral to the clinical supports offered by PCI College.

6.2. Client Work Sign Off Procedure

- 6.2.1. Learners enrolled on programmes requiring clinical work are obligated to partake in this work as part of the Programme award and in conjunction with accrediting and validating body standards.
- 6.2.2. Learners are evaluated as to their readiness to engage in clinical work at specific times relevant to their course of study.
- 6.2.3. To present for evaluation, Learners should submit a completed 'Client Work Sign Off Application' on or before the submission deadline dates which are communicated via their timetable and during client work briefings provided by the College.
- 6.2.4. Client Work Sign off Application Policies, Procedures and Documentation are located in the 'Clinical Element Information Handbook' which is made available to all Learners upon enrolment. This handbook is available within the Programme Handbooks and within the Course Information section of the Student Portal.
- 6.2.5. The evaluation team charged with reviewing a learner's readiness to see clients includes:
 - 6.2.5.1. The Clinical Manager
 - 6.2.5.2. The Learner
 - 6.2.5.3. Programme Staff (lecturers, SDPO, ATL, Year Head)
- 6.2.6. The evaluation process includes:
 - 6.2.6.1. Ongoing in class assessment and monitoring, which is carried out by the relevant Programme staff
 - 6.2.6.2. Formal Progress Review Meetings (PRMs)
 - 6.2.6.3. Review of 'Client Work Sign Off Application Pack', which is carried out by the Clinical Manager.
- 6.3. Client Work Sign Off Application Pack
 - 6.3.1. The Client Work Sign Off Application Pack consists of:
 - 6.3.1.1. A Personal Therapy Log
 - 6.3.1.2. A Supervisors Contract
 - 6.3.1.3. A Client Work Sign Off Application Form (which includes self evaluation and programme staff endorsement/recommendations)
- 6.4. Submission Of The Client Work Sign Off Application Pack
 - 6.4.1. Client Work Sign Off Application Packs are submitted electronically to the Clinical Manager.
 - 6.4.2. Once Submitted;
 - 6.4.2.1. Application Packs are reviewed by the Clinical Manager
 - 6.4.2.2. Completed Applications are sent by the Clinical manager to the relevant member of the Programme Team i.e. SDPO for final evaluation
 - 6.4.2.3. The SDPO notifies the Clinical Manager of the outcome of each evaluation
 - 6.4.2.4. The Clinical Manager updates the Learner's Programme Profile to indicate that they:
 - Have been signed off as ready to commence client work.
 - Have not been approved to commence client work.
- 6.5. Approval Of Readiness To See Clients
 - 6.5.1. Following the evaluation of learners to commence Client Work, learners are supported by the Clinical Manager to find a suitable College approved Placement and initiate a placement agreement.
 - 6.5.2. College approved placements are facilitated internally and/or externally.
 - 6.5.3. Further details in relation to placement approval, the 4-way placement agreement and all related clinical requirements linked to clinical work can be found within the Clinical Information Handbook for the relevant programme.
- 6.6. Learners Who Are Not Ready To See Clients
 - 6.6.1. Where learners are deemed as not ready to see clients during the evaluation

process, either through their own self-evaluation or as agreed by the programme team, this decision will be communicated to the learner via their SDPO.

- 6.6.2. Where this is a learner led decision, the learner will be reminded of the next evaluation date and offered supports where required.
- 6.6.3. Where this is a College led decision, the learner will be fully informed as to how and why this decision has been arrived at. Support and guidance may be offered to the learner to enable them to work towards successful client work sign off at the next available opportunity.
- 6.6.4. Where there are significant concerns about a learner's readiness to see clients, it may be necessary to invoke Fitness to Practice and/or Pause of Programme Procedures.
- 6.6.5. Where a learner remains not ready to work with clients, either self-determined or College led, by the final opportunity within the programme to avail of this sign off process, a learner's progression will be impacted and it may be necessary to support the learner through the Pause of Programme/Fitness to Practice Procedures.

7. CODE OF CONDUCT PROCEDURE

- 7.1. All members of the College, including Learners, faculty and Staff members are expected to comply with PCI College policies and are expected to adhere to the engagement requirements within the College and with those engaging with the College (e.g., Placement Providers). The observance of the Code of Conduct is the personal responsibility of the individual Learner. Breach of any regulations will be dealt with under the appropriate procedure.
- 7.2. Learning And Feedback: Procedures For Managing Unacceptable Behaviour
 - 7.2.1. While the College operate a zero-tolerance policy on unacceptable behaviours, we also want to offer a reasonable space for a learning and feedback process to occur. This can only occur in situations where the Learner concerned also wishes to learn from misjudgements and mistakes and is willing to engage with the support and guidance offered. As such, the following process will be in operation to support progress towards acceptable behaviour:
 - 7.2.2. 3.1. Any new complaint of misconduct by either a learner against another learner, or a member of staff against a learner, should wherever possible be resolved through informal consultation and discussion in the first instance. This is expected to resolve the issue in the majority of cases. Learners who have concerns about the behaviour of another Learner may consult staff members at the College for informal support, e.g., a lecturer, Student Development and Progression Officer., Year Head or Programmes Lead. Informal support can consist of supportive listening, providing guidance, and/or facilitating mediation or discussions between parties.
 - 7.2.3. Complaints of misconduct must be raised as soon as possible and always within one month of the situation occurring.
 - 7.2.4. Complaints of misconduct raised against a Learner will not be considered once a Learner is no longer enrolled at the College.
 - 7.2.5. The following process will be initiated where (a) the informal consultation has failed (e.g., the Learner complained against does not engage with the informal discussions, or repeats inappropriate behaviour), or (b) where an informal approach is considered inappropriate due to the serious nature of the behaviour. The process is as follows:
 - 7.2.5.1. One informal verbal warning from the Year Head or PCI College Programme Leader, along with clear expectations regarding behaviour, and expectations around further reading, or learning required. This verbal

warning must take place in a face-to-face meeting and a written record must be taken.

- 7.2.5.2. Any additional incident will result in a written warning from the Programme Leader or Head of Programmes, along with clear written expectations regarding behaviour, and expectations relating to further reading or learning required. This written warning must be emailed and posted to the Learner, and a copy will remain on record in the Learner's file.
 - 7.2.5.3. Any further incident will result in:
 - A formal Student Progression Meeting, which will result in one of the following outcomes:
 - permanent termination of training
 - temporary suspension of training
 - continuation or suspension of training with a sanction issued
 - continuation or suspension of training with requirement to pay costs for damage to College property (if required)
 - continuation of training with a Learning Contract/Agreement being issued and accepted
 - case is dismissed: no further action required
 - 7.2.6. If a Learner fails to attend an arranged Meeting for reasons supported by the Mitigating Circumstances Policy, one further meeting will be arranged; if this is not attended for any reason, the meeting will be held in the Learner's absence.
 - 7.2.7. If the learner fails to attend an arranged Meeting for reasons that are not supported by the Mitigating Circumstances Policy, the meeting will proceed without the Learner present.
 - 7.2.8. In very serious cases, at the discretion of the Head of Counselling & Psychotherapy Programmes, the first two stages may be omitted and the Learner will be immediately suspended from training and from entering College premises pending a Student Progression Meeting. The Meeting in this case will be arranged within 20 working days of the suspension, unless an external investigation is initiated.
 - 7.2.9. In the case of external investigation (e.g. by the police) the College will suspend internal Student Conduct procedures until external investigation is complete.
 - 7.2.10. Termination of training: either temporary or final termination of training will take place if a Learning Contract or Sanction:
 - 7.2.10.1. is not accepted and agreed by the Learner
 - 7.2.10.2. is subsequently breached by the Learner or goals are not achieved
 - 7.2.10.3. is refused – the Learner refuses to participate in the Learning Contract or Sanction or refuses to make use of support offered as part of this process.
- 7.3. Student Progression Meeting
- 7.3.1. All evidence and statements from all parties must be submitted by the required date in advance of the Meeting and a copy of the evidence provided will be distributed to all parties. No new evidence will be accepted once the submission date is passed.
 - 7.3.2. Any witnesses that the Complainant and the Learner complained against wish to invite to the meeting must be formally requested by the stated submission date, and this will be communicated to all parties. Each party may invite a maximum of two witnesses. No new requests for witnesses will be permitted after this date. Witnesses who cannot attend may submit a statement by the stated submission date.
 - 7.3.3. The Meeting will be attended by: the Learner complained against; the complainant; relevant staff such as the Lecturer, Year head and/or administrative staff; the Programmes Lead. The Head of Programmes will chair the Meeting. Further

attendees will be invited if required to give evidence. The Academic Council will be advised that the meeting is taking place.

- 7.3.4. The Learner complained against, and the Complainant may each bring a friend for support: this additional person may not take part in the proceedings unless asked to give evidence, and must agree to abide by the terms of confidentiality and behaviour provided prior to the start of the Meeting.
- 7.3.5. The process is formal and minuted. The agenda will be forwarded to all parties prior to the Meeting.
- 7.3.6. The Head of Counselling & Psychotherapy Programmes reserves the absolute right to terminate proceedings if unacceptable behaviour is observed at the meeting. In this case the meeting will be held in the absence of the person whose behaviour is deemed unacceptable, on the basis of written evidence provided.
- 7.3.7. The outcome of the meeting will be considered in private by the panel and an outcome statement issued to all invited parties within 10 working days of the meeting.

7.4. Appeals of decisions arising

- 7.4.1. Disagreement with a decision is insufficient grounds for appeal.
- 7.4.2. The following grounds are required to be demonstrated to merit an appeal:
 - Evidence that the stated policies and procedures were not adhered to
 - Evidence can be provided of a subjective bias in applying the policy
 - New information relevant to the case which may have a material impact on the outcome of adjudication requires consideration
 - The regulations as stated do not adequately address a learner's case
- 7.4.3. An Appeal Committee will be established by the Academic Council consisting of three staff members not previously involved in the Meeting.
- 7.4.4. The Committee will arrange an Appeal Meeting, which will consist of the three members of the committee plus the Head of Counselling & Psychotherapy Programmes and the appellant.
- 7.4.5. An agenda for the Appeal meeting will be circulated in advance.
- 7.4.6. No new information will be considered; the appeal will be considered upon the basis of the information previously available to the Progression Meeting.
- 7.4.7. The Appeal Committee will make their decision within 5 working days and will then communicate the decision to the appellant and the Head of Counselling & Psychotherapy.
- 7.4.8. The Appeal Committee decision will be one of the following:
 - 7.4.8.1. to uphold the appeal against the decision to modify the original decision and/or substitute another decision as it sees fit
 - 7.4.8.2. to support the original decision of the Progression Meeting
 - 7.4.8.3. the decision of the Appeal Committee is final.

8. **DISABILITY PROCEDURE**

8.1. Preamble

- 8.1.1. All requests for disability support will come to the Disability Support Officer (DSO) in the first instance.
- 8.1.2. Support requests can come directly from the learner themselves at application, interview or enrolment stage or through a college advocate, for example, Marketing who may be assisting a prospective learner through the application process.

8.2. Disability Procedures

- 8.2.1. Learners are invited to disclose during application/interview any condition which may deem them suitable for disability or academic support e.g. visual impairment, dyslexia, dyspraxia etc.

- 8.2.2. Learners who wish to avail of supports are invited to complete an 'Evidence of Disability' form and submit this to the Disability Support Officer at Disability.Officer@pcicollege-edu.ie
- 8.2.3. The Disability Support Officer will conduct a needs analysis for the application and determine what supports are required/available
- 8.2.4. The DSO will co-ordinate with marketing/student services to progress the student's application with provisions for appropriate supports.
- 8.2.5. Should learners require supports outside the scope of those currently available in the college, the DSO will document all requirements, potential solutions and cost estimate for the provision of those supports to the Academic Council for review
 - 8.2.5.1. The AC will evaluate the proposal in good faith with a view to making 'reasonable accommodation' at a 'nominal cost' decision(s)
 - 8.2.5.2. AC decisions will be either implemented through the DSO in support of learner needs, or, if beyond reasonable accommodation and nominal cost will address this to the learner to inform their decision as to whether continue with their programme and/or seek external supports through State, Semi-state or similar e.g. NCB
- 8.2.6. Learner disclosures will be recorded on the CRM and communicated only to those stakeholders directly involved in the learner's education e.g. via attendance registers to lectures so that the Programmes Office can inform them as to the necessary supports/accommodations for that learner
- 8.2.7. The Examinations Officer will be made aware of a learner disclosure to ensure appropriate academic supports are in place to ensure fairness during assessment e.g. specific provisions are made for dyslexic learners during grading.
- 8.2.8. Physically disabled learners are invited by the DSO to their target venue to assess the learning space including venue access, class rooms, toilet facilities and break facilities etc.
- 8.2.9. Where available supports and facilities are deemed appropriate to the needs of learners the DSO will inform Marketing/ Student Services and their application progressed to the next stage.
- 8.2.10. If the prospective learner identifies an issue with accessibility during their visit. the DSO will raise this with the College Director to ascertain whether or not alternative arrangements, or, additional resources can be provided.
- 8.2.11. If the accessibility issue cannot be addressed the learner may be offered an alternative venue more suitable to their needs.
- 8.2.12. If the needs of the learner cannot be accommodated and no reasonable alternative solution found, the learner is informed by the DSO of the actions undertaken above and their application is withdrawn.

9. GARDA VETTING PROCEDURE

- 9.1. The Garda Vetting procedure is managed by Student Services and is applicable to all learners enrolled on programmes requiring clinical elements, i.e. client work.
- 9.2. Learners are required to sign and submit an Interim Declaration during the enrolment process as a placeholder for official Garda Vetting.
- 9.3. The Interim Declaration confirms that the learner is aware of and agrees to participate in Garda Vetting and they inform the college of any reasons (linked to potential disclosures) which may prevent a learner from suitability to work with vulnerable people.
- 9.4. At the beginning of the academic year, Student Services send the Garda Vetting information and instructions, including the email address of the lecturer conducting the 1st Year Orientation, to each learner along with their Welcome Pack.

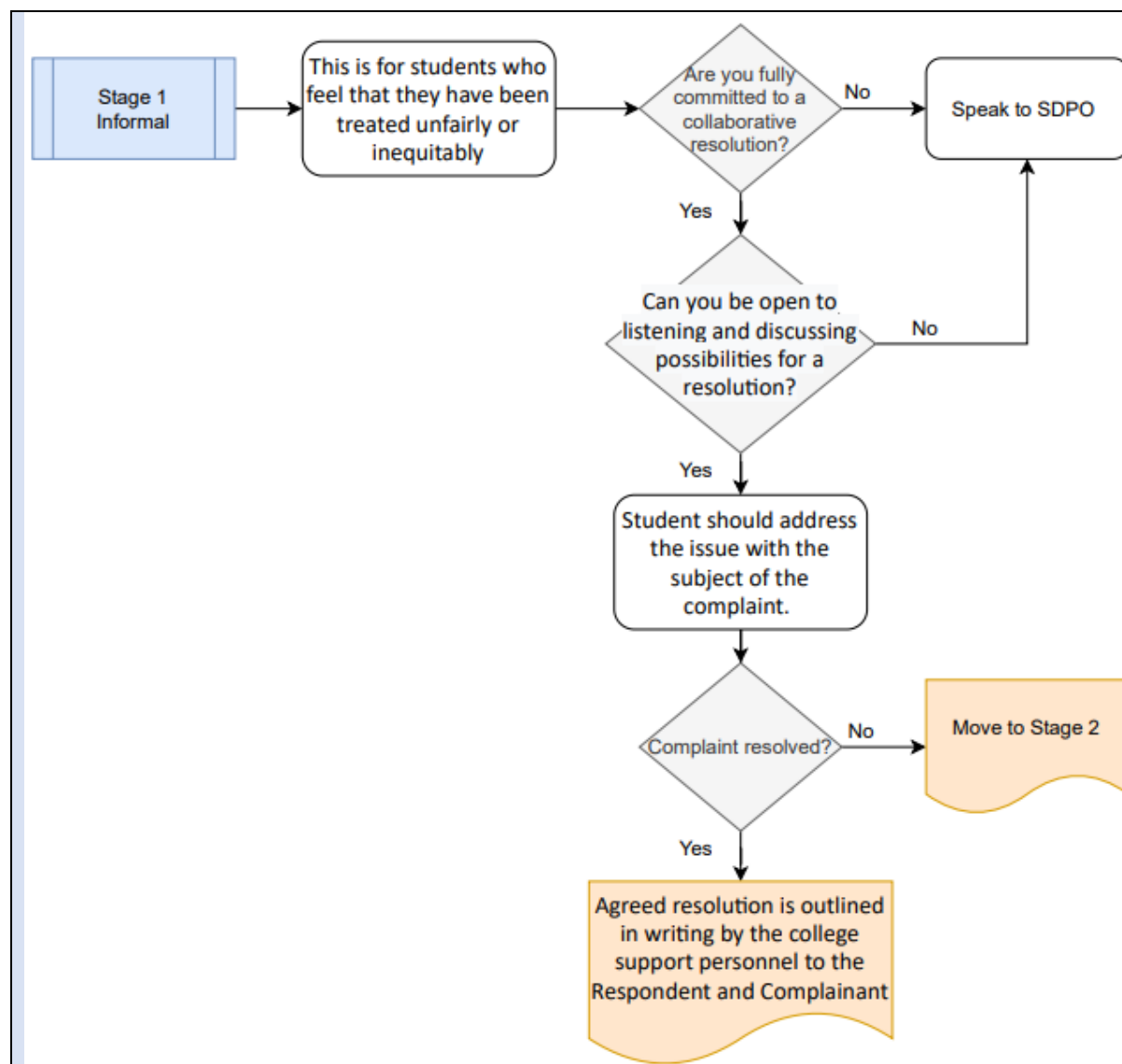
- 9.5. As per the instructions, learners are required to complete the Garda Vetting Application form prior to Orientation and bring this, along with supporting documentation, to the Orientation session.
- 9.6. Co-ordinated by Student Services, administrative staff members will attend the Orientation in order to verify the application form and the required documentation, including the original documents, for each learner.
- 9.7. Once completed, the administrative staff will return completed Garda Vetting documentation to a member of Student Services, i.e. the College Receptionist.
- 9.8. Applications are processed and the CRM updated for each learners confirming that the required documentation has been submitted and reviewed. This will be communicated to the Garda Vetting Liaison.
- 9.9. The Garda Vetting Liaison will populate Batch Headers for submission to the designated 3rd party processor, i.e. NRF
- 9.10. NRF sends an elink to all learners (who have submitted applications) at their PCI College student email account. The link is live for 30 days.
- 9.11. Within the 30 days, the learner is required to click on the elink and complete the online application. Completed online applications are processed by the Garda Vetting Bureau (GVB)
- 9.12. If a learner does not engage with the elink within the 30 days, it will expire.
- 9.13. Where an elink expires the application needs to be resubmitted at an extra cost (levied by the GVB) to the learner.
- 9.14. Once the GVB has completed the vetting, the learner receives an email stating that vetting has been completed and a disclosure has been sent to the applicant (in this case the applicant in PCI College).
- 9.15. The GVB sends a PDF of the vetting results to PCI College's Garda Vetting Liaison Officer.
- 9.16. The Garda Vetting Liaison Officer reviews all disclosures to ensure that there are no issues that would prohibit the learner from working therapeutically with clients/supervisees.
- 9.17. Where issues arise, the Garda Vetting Liaison Officer links in with the appropriate staff members and the learner and follows internal procedures addressing this step.
- 9.18. Where there are no issues, the Garda Vetting Liaison Officer updates the CRM (internal data base) to indicate that the learner has been Garda Vetted for the role of student counsellor/supervisor at PCI College.
- 9.19. All Garda Vetting Queries can be sent to gardavetting@pcicollege.ie

10. LEARNER COMPLAINTS PROCEDURE

- 10.1. Where a learner feels dissatisfied with an aspect of their training and education, they are encouraged in the first instance to provide informal feedback to college stakeholders. The vast majority of issues can be addressed informally through this process.
- 10.2. Where matters are deemed serious and material, and of sufficient nature to advance to a grievance, this complaints procedure is available to learners.
- 10.3. Learners who raise a complaint will not be disadvantaged in any way by raising a complaint.
- 10.4. A necessary precursor to pursuing a formal complaint is that learners have observed their own obligations and responsibilities as learners prior to entering this process.
- 10.5. For Middlesex University programmes: The complaints procedures of PCI College must be followed and have been fully exhausted before following the Middlesex University Student Complaints and Grievance Procedures (Appendix A for students of collaborative partners) which can be found in the Middlesex University regulations: <https://www.mdx.ac.uk/about-us/policies/university-regulations>

Complaints Procedure In Detail	
General Information	The College is committed to offering a fair and transparent Complaints Procedure as outlined in this document. We would expect that all complaints are made in good faith.
	Complaints should be made promptly. The College may decide not to consider complaints relating to incidents which occur more than 90 days prior to the lodging of a complaint. Substantial delays between an incident and a complaint being raised may hinder proper and accurate investigation. This includes learners who have completed their studies and who were actively enrolled at the time of the complaint.
	The Complainant will not be treated any more or less favourably than other learners as a consequence of making a complaint.
	The College Complaints Procedure covers situations including but not limited to dissatisfaction with tuition, misleading information, standards of administrative services or unfair treatment etc.
	If the complainant does not complete the complaint documentation appropriately and in full, PCI College reserve the right to refuse to accept the complaint.
	PCI College reserve the right to escalate the complaint to the next level where it is deemed necessary to do so in order to ensure the complaint is responded to at the most appropriate level. However, Stage 1 cannot be bypassed by the complainant unless it is deemed appropriate by the College that this stage is not applicable.
	<p>The following fall outside the scope of the Complaints Procedure:</p> <ul style="list-style-type: none"> • academic decisions on grading, progression or awards, (see your Course Appeals and Academic Misconduct Process). • mitigating circumstances decisions (see Appeals for Non-Academic Decisions). • complaints about Admissions decisions (see Appeals for Non-Academic Decisions). • complaints about fitness to practice decisions (see Fitness to Practice Policy). • a complaint against another learner (see Student Conduct and Disciplinary Procedure). • a data protection or freedom of information issue arising (see GDPR process). • where allegations are made about conduct of a criminal nature (referral to An Garda Síochána). • complaints made over which PCI College has no control. • complaints made by a third party on behalf of a learner. • complaints made anonymously.

	<p>The consideration of a complaint may be postponed up to 4 weeks by the College in order to allocate the necessary time and resources required to manage any Student Conduct and Disciplinary issue which may arise during this process. See Student Conduct and Disciplinary Procedure.</p>
<p>Confidentiality and Complaints</p>	<p>The College treats all complaints in confidence and requires that any learner submitting a complaint will be respectful of the requirement for confidentiality regarding other individuals involved including any subject of a complaint. As a matter of transparency, subjects will receive a copy of the complaint and the complainant will be identified. Only in exceptional circumstances will the identity of a complainant be withheld e.g. threat of physical harm, child protection etc.</p>
	<p>Confidential information is managed by College staff (and complies with all Data Protection procedures and all relevant college policies). The College will involve staff members as it deems appropriate in the investigation, management and adjudication of the complaint. Failure to comply with confidentiality of a complaint may result in a potential disciplinary action (learner or staff member).</p>
	<p>Students should be aware that it is sometimes necessary for the College to discuss details of complaints with legal or professional advisors in order to seek necessary expert advice to help resolve the complaint fairly.</p>
	<p>There are situations where confidentiality may not be protected. These include risk of harm to self / others and disclosure of a serious criminal offence. It may be necessary in such circumstances for the College to involve or disclose information to appropriate professionals / authorities as deemed necessary by the Chair of the Academic Council.</p>



Stage I: Informal Complaint

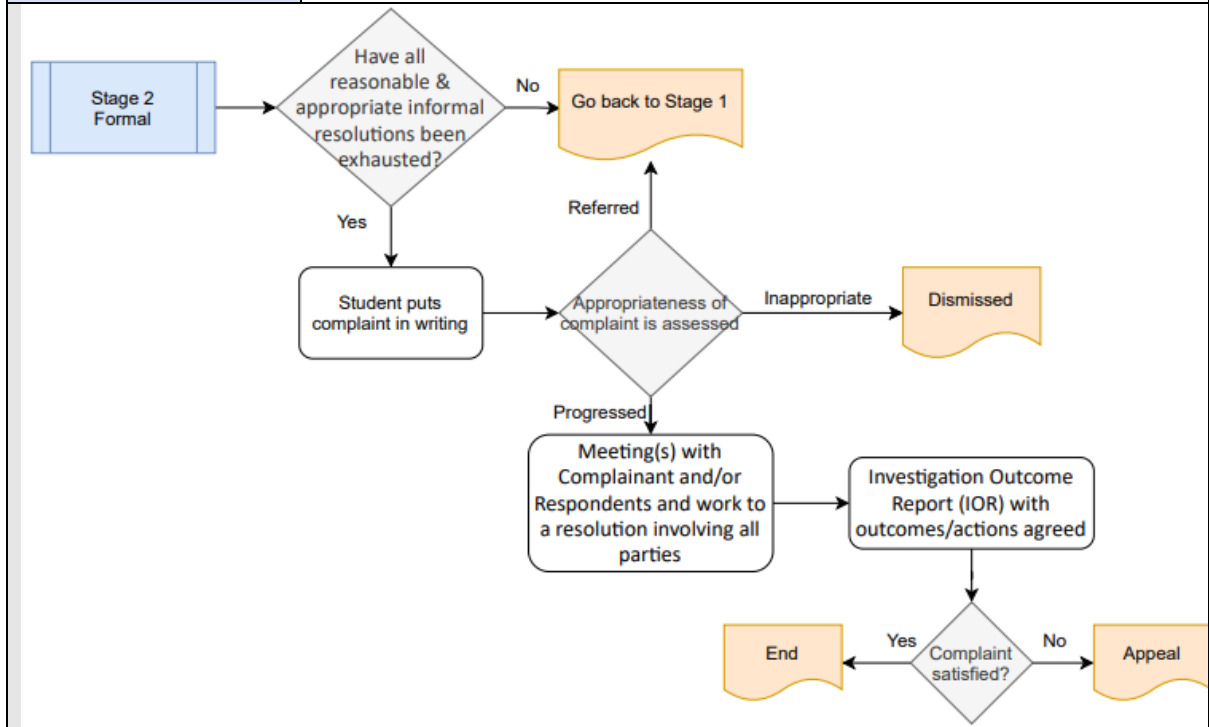
A learner who feels that they have been treated unfairly or inequitably has the right to make a complaint.

Firstly, the learner should address the issue with the subject of the complaint. This can be facilitated by programme support personnel such as members of the academic team and other college departments e.g. Student Services.

Stage I is generally an informal process and a written record is made for internal purposes. Staff members involved are encouraged to share their experience of the process to the benefit of the College.

It is expected that any individual issuing a complaint will be fully committed to a collaborative resolution. This includes attending informal meetings, responding to emails and messages, being open to listening and discussing possibilities for a resolution.

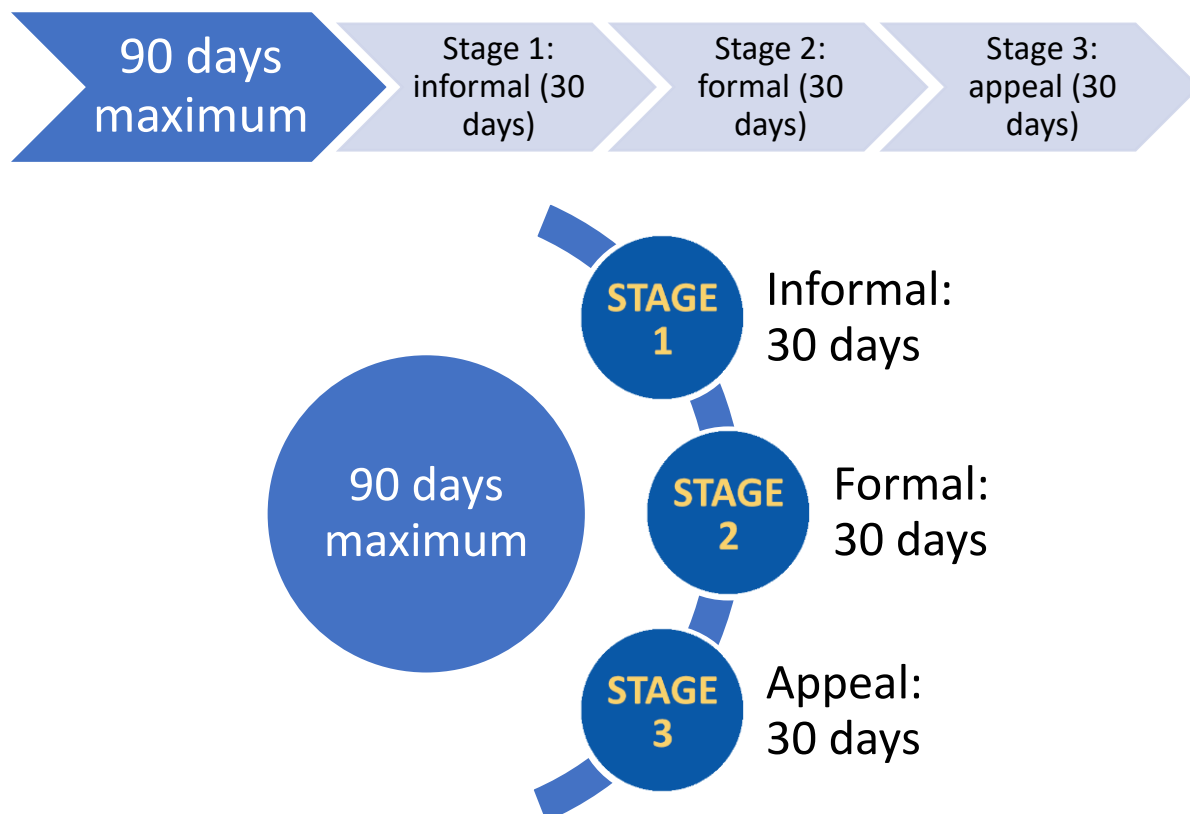
	The vast majority of complaints are resolved informally. Complaints will not progress to Stage II until all reasonable and appropriate informal resolutions have been exhausted.
	If a Complainant refuses to engage in discussions or repeatedly fails to attend arranged meetings the Complaints Procedure will be terminated.
	Stage I ends when an agreed resolution is outlined in writing by the college support personnel to the Respondent and Complainant. A copy of any actions or outcomes from that communication must be sent to the Programme Leader and stored on the CRM.
	If the learner’s complaint is not resolved at this level and within 10 working days of its notification, the learner completes the Complaint Form. The complaint is then progressed to Stage II by Student Services.



Stage II: Review of Complaint	The College appreciates that there may be occasions where Stage I is inappropriate and/or that a more formal approach is necessary.
	Stage II of the complaints process begins when the learner makes their complaint in writing and forwards it to Student Services Manager. Where the Student Services Manager is the subject of the complaint, the complaint will be referred to the Head of Counselling and Psychotherapy or another senior member of staff. The complaint should be specific and comprehensively documented with all supporting evidence using the PCI College Complaints Form.
	The Student Services Manager or their nominee, will acknowledge receipt of the written complaint within 5 working days.

	<p>The Student Services Manager or their nominee will assess the complaint as to whether it is appropriate for consideration at Stage II. Outcomes of this process will result in the complaint either being referred back to Stage I, progressed to Stage II, referred to another policy/procedure (e.g., fitness to practice) or dismissed.</p> <p>For complaints being dismissed, the Student Services Department will update the Complaints Form with the outcome and rationale for the dismissal and return it to the complainant.</p> <p>For complaints being considered at Stage II, the Student Services Manager will assign an investigator from the relevant area, who has knowledge relating to the issue of complaint. The Investigator will conduct investigations including e.g., meetings with Complainant and/or Respondents and work to a resolution involving all parties within 5 days of the previous stage.</p>
	<p>The Student Services Manager or their nominee, makes a written record of the meeting(s) and completes an Investigation Outcome Report (IOR) with outcomes/actions agreed or arising within 5 days of the prior step. If complexities mean that this timescale cannot be adhered to, the Complainant will be informed in writing of the revised timescale</p>
	<p>Stage II will end when the Investigation Outcome Report (IOR) is issued to the complainant. Complainants will have 5 days to consider the IOR and if dissatisfied with the outcome, must provide written evidence for the progression to Appeal using the Complaints Appeal Form. The following will be required to be demonstrated.</p> <ol style="list-style-type: none"> 1. Procedural irregularities with how the complaints procedure has been followed, or, 2. New information is available, material to the complaint not previously considered at an earlier stage.
<p>Appeal</p>	<p>To initiate an appeal, a Complainant must submit in writing a Complaint Appeal Form within 5 days of receipt of the IOR and submit it to the Student Services Manager who will address the appeal request to the Lead Investigator or their nominee. The Complaint Appeal Request will then be reviewed and a determination made if it meets the criteria to progress to appeal proper within 10 working days. At this stage an appeal may be rejected with reasons for the rejection of the appeal clearly stated (on the Complaint Appeal Form). Appeals which are upheld by the Lead Investigator are referred to the Academic Council who will convene a Complaints Committee.</p> <p>Acknowledgement of the Complaint Appeal Form and the decision therein will be sent to the Complainant by the Student Services Department within 5 working days.</p> <p>The Complaints Committee will be convened within 10 working days of an Appeal decision as follows;</p>

	<p>Committee Chair, External Independent Professional, two members of the Academic Council and a learner member drawn from the learner body. Should the committee require more than 10 days to be convened the Complainant will be informed in writing of a revised timescale.</p>
	<p>The Complaints Committee will investigate the subject of the appeal with all materials relevant to the appeal including the original Stage I and II documentation. The committee will explore the grounds under which prior stages were unsatisfactory. On completion of that investigation and adjudication, the Committee will issue an Appeal Report with outcomes, actions and recommendations arising within 10 days. Should the committee require more than 10 days to deliberate and decide on an outcome, the Complainant will be informed in writing of a revised timescale.</p>
	<p>Complaints Committee outcomes will be:</p> <ul style="list-style-type: none"> • The appeal is dismissed with or without recommendations to any of the parties or • The appeal is partially upheld, and a suitable sanction is recommended (e.g. amendments to handbook information, staff training, a partial waiver of fees still due, or other sanction appropriate in measure to the upheld elements of the complaint), or • The appeal is upheld in full and a suitable sanction is recommended by the Complaints Committee.
	<p>The Chair of the Complaints Committee will issue the final report to the Student Services Manager who will, in turn, issue findings to the Complainant and affected stakeholders and inform the Academic Council of the conclusion of the Appeal process.</p>
	<p>The decision of the Complaints Committee will be final as far as the College’s Student Complaints Procedures are concerned. All complaints will be notified to the College Link Tutor for the purposes of the AMR report.</p>
	<p>Both parties will be responsible for their own expenses incurred relating to the complaint. The College will not reimburse expenses (travel, accommodation, time away from work etc.) incurred by the Complainant in pursuit of a complaint.</p>
	<p>The College will not reimburse or be in any other way responsible for costs relating to legal or professional advice that the Complainant has engaged.</p>
<p>For learners enrolled on Middlesex University Validated programmes; if you feel your complaint has not been addressed satisfactorily you may take the complaint to Middlesex University. The complaints and grievance procedures of PCI College must be followed and fully exhausted before the learner can escalate to Middlesex University (“Complaints in relation to collaborative partner institutions”)</p>	



11. FITNESS TO PRACTICE PROCEDURE

11.1. The fitness to practice procedure outlines the processes in place for managing the two categories of fitness to practice concerns that can be raised.

1. Learner Self-disclosure
2. Independent Referral

11.2. Learner Self-Disclosure

11.3. Where a learner has fitness to practice concerns, and would like guidance, they are encouraged to follow the steps:

11.4. Step 1: Review the following Circumstances which may constitute an impairment to a learners's Fitness to Practice:

- Poor physical health.
- Deteriorated mental health to the extent of threatening his/her personal safety or the safety of others.
- Impaired psychological well-being e.g. due to stress, trauma, addiction, burn out or reduced psychological capacity etc.
- Consistently poor academic performance suggestive of concerns regarding their ability to work with clients
- Insufficient engagement with the programme.
- When the learner is at risk of serious abuse or exploitation.
- Disclosure from a Third Party of ethical, legal or other concerns.

11.5. Step 2: Consult with your SDPO (BSc) or Programme Leader (MSc) who will advise you as to the correct course of action for your circumstance. A plan will be put in place which will begin with meeting your SDPO/ Programme Leader or Year Head, who will in turn:

- Liaise with relevant members of the teaching and training faculty.
- Consult with Clinical Supervisors, both Internal and External if required.
- Consult with Client Work Team and/or Clinical Placement as appropriate.

11.6. What happens next?

- 11.7. A decision may be made to allow the learner:
- Continue in practice with additional supports and collaborative monitoring in place
- Or
- Complete a programme withdrawal, deferral or programme interruption (pause) form and step back from practice for an agreed period, subject to review, until both SDPO/Programme Leader and learner agree that resumption of practice is appropriate, and the learner is cleared to progress. A schedule of meetings with your SDPO will be put in place to support and monitor progress throughout the agreed break-from-practice period.
- 11.8. At the end of the agreed period, the case will be reviewed by the SDPO and Year Head. If the concerns for the learner's fitness to practice have significantly reduced or been eliminated, then a decision to allow resumption of practice can be agreed. Before a decision to resume can be made, a) supporting documentation and b) consultation with relevant members of the programme team or supervisors will be sought.
- 11.9. **Programme re-entry:** If all concerns are sufficiently resolved within the agreed timeframe and the learner wishes to re-enter the programme, a Programme Re-entry form must be submitted to the Year Head by the 31st August in advance of the proposed programme re-entry date. This will be processed by the College, and if no objections are raised, the learner will be permitted to re-commence their programme. If, however, concerns remain, the learner may not be permitted to resume until these concerns have been fully resolved and a new review period with active monitoring may be implemented.
- 11.10. Independent Referral**
- 11.11. Any concern pertaining to a learner's Fitness to Practice will be brought to the learner's attention in writing by the programme's core staff and an invitation to a face-to-face meeting with the core staff and Programme Leader (or nominee) issued. Subject to the level of concern, PCI College will invoke the Fitness to Practice policy at any of the three levels detailed below.
- 11.12. **Level 1:**
- 11.13. Once the Programme Leader has been made aware of a potential fitness to practice issue, a request will be made that the core staff (or nominee) and SDPO invite the learner for an informal discussion. The meeting should be held as soon as possible once the concern has been raised. This discussion will be supportive in nature and will communicate to the learner the precise nature of the behaviour that is of concern.
- 11.14. During the discussion the learner will be given an opportunity to share any mitigating circumstances or previously undisclosed material fact relevant to their situation. They will be provided with information on available support and how these supports may be accessed. Where it is appropriate, an action plan and a review period will be agreed.
- 11.15. Correspondence recording the meeting, issues, agreed actions and timeframes, which may include temporary withdrawal from practice, will be sent to the learner by the Programme Leader within seven days of the meeting.
- 11.16. At the end of the agreed review period, the case will be reviewed by the Programme Leader and relevant core staff. If the concerns for the learner's fitness to practice have significantly reduced or been eliminated, then a decision to take no further action can be agreed, and the learner may be permitted to recommence practice. If, however the concerns remain then the case should be referred to Level 2 of the Fitness to Practice policy.
- 11.17. If the learner does not attend or fails to engage in the process, the meeting shall proceed in absentia.
- 11.18. Level 2:**
- 11.19. A Level 2 intervention denotes a higher level of severity and normally comprises a formal review meeting with the learner, initiated by the Programme Leader or authorised nominee.

- The Programme Leader or authorised nominee should inform the Academic Council of the requirement to instigate Level 2 of the Fitness to Practice policy. The learner will be given reasonable written notice of the meeting. The correspondence shall inform the learner:
- That the meeting takes place arising from a Fitness to Practice concern and that the nature of the meeting is supportive.
 - Of the purpose of the meeting and request any necessary detailed information and documentation, if appropriate.
 - That they can be accompanied by a friend/supporter/representative.
- 11.20. The meeting shall normally include the Head of Counselling and Psychotherapy and Programme Leader and be Chaired by a member of the Academic Council who has not been involved with the learner to date. Other members of staff may be invited but attendance should be limited to those who can contribute to a possible solution or is required for the purpose of taking minutes.
- 11.21. This stage of the procedure will only be implemented once Level 1 (Informal Intervention) or if concerns are deemed to be sufficiently serious to warrant starting the procedure at Level 2.
- 11.22. If the learner does not attend or fails to engage in the process, the meeting shall proceed in absentia.
- 11.23. The purpose of the meeting will be to ensure that:
- The learner is made fully aware of the nature of the concerns which have been raised.
 - The learner's views are heard and considered.
 - The best way to proceed is agreed.
 - The learner is fully aware of the possible outcomes if difficulties remain.
 - The conclusions drawn from the content and nature of the discussion shall determine possible outcomes.
- 11.24. The outcome shall, if grave concern remains, normally lead to an action plan to address the concerns, including the provision of any appropriate support articulated at the meeting.
- 11.25. The meeting may, without prejudice to other conclusions, decide on one or more of the following outcomes:
- That no further action is necessary.
 - That it is necessary to agree an Action Plan with the learner.
 - That it is necessary and appropriate to agree or enforce a temporary withdrawal from practice or temporary programme interruption.
 - That it is necessary to make a referral to Level 3 of the procedure.
 - That it is necessary to make a referral to other College procedures, as appropriate.
 - Where the learner is on placement, to propose to the learner suspending the placement.
 - Any other actions intended to support the learner to successful completion of their studies.
- 11.26. Level 3:**
- 11.27. Fitness to Practice Panel: The College Director (or nominee) is responsible for chairing the Fitness to Practice Panel (at level 3) and ensuring a conclusion is reached at this level.
- 11.28. The initiation of Level 3 will be the decision of the Head of Counselling and Psychotherapy. The Client Work Team, Clinical Supervisor and Placement co-ordinator may also be invited to help determine whether or not a learner is required to interrupt their practice for a period of time.
- 11.29. If the Fitness to Practice Panel suspends or interrupts a learner's Client Work, the learner will be informed in writing. A learner's Clinical Supervisor and placement will also be notified in writing that the learner has been advised by PCI College to withdraw from practice.

- 11.30. A learner has the right to appeal the decision of the Fitness to Practice Panel.
- 11.31. Students who withdraw or whose programme is interrupted will be given the opportunity to talk to named staff within PCI College to discuss financial, support and study implications, and other issues that may arise.
- 11.32. The learner will also be informed of the 'Return to Practice' procedure and process and an agreement made about how the College will keep in contact with the learner during any absence.

12. FITNESS TO STUDY PROCEDURE

- 12.1. Any concern pertaining to a Learner's Fitness to Study will be brought to the Learner's attention in writing by the Year Head (BSc)/Clinical Manager (MSc) and an invitation to a face-to-face meeting with the Year Head and Student Development and Progression Officer (SDPO) (BSc)/Clinical Manager (MSc) (or their nominees) issued. Subject to the level of concern, PCI College will invoke the Fitness to Study policy at any of the three levels detailed below.

12.2. Level 1 – Informal Discussion

- 12.3. Any concerns about a learner's fitness to study should initially be communicated in the first instance to the BSc Year Head and/or MSc Programme Leader. This may result in a referral to Level 1 of the Fitness to Study procedure.
- 12.4. Where necessary, the BSc Year Head and/or MSc Programme Leader will invite the learner to an informal discussion. The meeting should be held as soon as possible once the concerns have been raised.
- 12.5. This discussion will be supportive in nature and will communicate to the learner the precise nature of the behaviour that has caused the concern to be raised.
- 12.6. During the discussion the learner will be given an opportunity to share any mitigating circumstances or previously undisclosed medical history and they will be provided with information on the support available within the college and how it can be accessed. Where it is appropriate an action plan and a review period should be agreed.
- 12.7. A letter recording the meeting, issues and agreed actions will be sent to the learner within seven days of the meeting.
- 12.8. At the end of the agreed review period, the case should be reviewed by the BSc Year Head and/or MSc Programme Leader. If the concerns for the learner's fitness to study have significantly reduced or been eliminated, then a decision of no further action can be agreed and communicated to the student. If the concerns remain then the case should be referred to Level 2 of the Fitness to Study policy. This communication signifies the end of Level 1.
- 12.9. Support to Study Meeting
- 12.10. The BSc Programme Leader or Head of Counselling & Psychotherapy is responsible for chairing the Support to Study meeting (at level 2) and ensuring a conclusion is reached at this level.

12.11. Level 2 is a second level intervention to be used when:

- Level 1 has not been successful.
 - Level 1 informal discussion is inappropriate, and a more formal approach is necessary
 - the learner has not kept to the action plan agreed.
 - the learner's conduct or circumstances indicates that further intervention is required.
 - a learner wishes to return to study after a period of interruption on health grounds.
- 12.12. Behaviours triggering a support to study meeting may include:
 - complaints from other learners regarding behaviour continue to be made.

- a significant concern for academic achievement is held.
 - instances whereby the learner refusing to access support and/or exhibits behaviour that gives increasing cause for concern e.g., repeated missed appointments, disengaging with study, social withdrawal.
- 12.13. A Level 2 intervention normally comprises a formal Support to Study meeting with the learner, initiated by the BSc Year Head and/or MSc Programme Leader . The Programme Leader should inform the Academic Council of the requirement to instigate Level 2 of the Fitness to Study policy. The learner shall be given reasonable written notice of the meeting.
- 12.14. The email shall inform the learner:
- of the meeting under the Fitness to Study Policy and the nature of the meeting is supportive.
 - of the purpose of the meeting and request any necessary detailed information and documentation including, if appropriate, medical evidence;
 - that they can be accompanied by a friend/supporter/representative
- 12.15. Medical Evidence**
- 12.16. Before the Support to study meeting a learner may be asked to provide evidence of a recent medical assessment so that the College can accurately assess the fitness to study. This medical evidence should state:
- The nature and extent of any medical condition from which the learner may be suffering.
 - Their prognosis.
 - The extent to which it may affect his/her fitness to study and manage the demands of learner life.
 - Any impact it may have or risk it may pose to others.
 - Whether any additional steps should be taken by our college, in light of the medical condition, to enable the learner to study effectively.
 - Whether the learner will be receiving any on-going medical treatment or support.
- 12.17. Any cost incurred in obtaining this medical evidence will be borne by the learner. Exceptionally the College may request that the learner attend an independent medical assessment which will be arranged by and funded by the learner. If the learner declines to provide medical evidence the College will come to a decision based on the available information or alternatively may address the issue under an alternative policy, for example, the Learner Conduct rules.
- 12.18. Should the medical evidence state that the learner is fit to study it will be the decision of the Fitness to Study Panel how much weight is given to the medical report and to conclude based on all available evidence whether the learner is fit to study.
- 12.19. The meeting shall normally include the BSc/MSc Programme Leader, BSc Year Head, Academic Administrator and, where required, the Disability Officer. Other members of staff may be invited but attendance should be limited to those that can contribute to a possible solution or be there for the purpose of taking notes.
- 12.20. The meeting shall normally proceed if the learner does not attend or engage in the process and the meeting may normally consider the case even if the learner has not provided requested evidence.
- 12.21. The purpose of the meeting will be to ensure that: the learner is made fully aware of the nature of the concerns which have been raised, the learner's views are heard and taken account of; the best way to proceed is agreed upon and the learner is fully aware of the possible outcomes if difficulties remain.

- 12.22. The conclusions drawn from the content and nature of the discussion shall determine possible outcomes. The outcome shall, if serious concerns remain, normally lead to an action plan to address and remove the serious concerns including the provision of any appropriate support articulated at the meeting.
- 12.23. The meeting may, without prejudice to other conclusions, decide on one or more of the following:
- That no further action is necessary.
 - That it is necessary to agree an Action Plan with the learner.
 - That, it is necessary and appropriate to agree an interruption from the programme; in this instance, learners cannot include clinical requirement hours while on an interruption from the programme
 - That it is necessary to make a referral to Level 3 of the procedure.
 - That it is necessary to make a referral to PCI College procedures, for example Fitness to Practice
 - Where concerns are raised about a learner's fitness to study while they are on a placement the College will discuss the possibility of alternative arrangements with the placement provider or propose suspending placement
 - Any other actions intended to support the learner to successful completion of their studies.
- 12.24. If the learner does not agree to the discussed supportive proposed outcome, the member of staff should advise the learner that Level 3 action will normally be taken.
- 12.25. The Chair of the meeting shall ensure that there is a written record of the meeting and any determined actions. If an action plan is agreed, it shall normally include the specification of desirable behaviour and appropriate expectations, support mechanisms together with a date for a review meeting. If appropriate, it may also detail the consequences of no engagement by the learner. The action plan may also include a request for the learner to provide medical evidence as to fitness to study.
- 12.26. The record and action plan shall normally be sent to the learner within 7 calendar days of the meeting. The learner shall be asked to agree to the action plan by signing and returning one copy or confirming their agreement by email. A copy of the documentation shall be held securely on their CRM record.
- 12.27. Review meetings shall be convened as agreed. Attendees at review meetings may be different to those at the original Level 2 meeting. At a review meeting, the learner shall have the opportunity to be accompanied by a friend or supporter. A written record of the meeting shall be made and this, together with the outcome shall be given to the learner normally within 7 calendar days of the review meeting. For monitoring purposes, BSc Year Head or MSc Programme Leader may request regular updates on the learner's progress against any action plan.
- 12.28. If the concerns about a learner's fitness to study have been substantially reduced, and/or eliminated, no further action shall be taken. If the learner does not abide by the provisions of the action plan, the Chair may convene a review meeting before the planned date or escalate, as appropriate. If there is insufficient improvement following the Level 2 initial or review meetings, or there is otherwise a failure to engage in the PCI College Fitness to Study Procedure or, finally the case is too serious to be addressed at Level 2, Level 3 of the procedure will normally be invoked.
- 12.29. A communication will be sent to the learner to signify the end of Level 2.
- 12.30. Level 3 - Fitness to Study Panel**
- 12.31. Academic Director or nominee is responsible for chairing the Fitness to Study Panel (at level 3) and ensuring a conclusion is reached at this level.

- 12.32. This stage of the procedure will only be implemented once Level 1 (Informal Intervention) and Level 2 (Support to Study meeting) have been followed or if concerns are deemed to be sufficiently serious to warrant starting the procedure at Level 3. If a learner has been suspended under another college procedure, then the Fitness to Study process will start at Level 3.
- 12.33. The initiation of Level 3 will be the decision of the Academic Council. The Academic Council will also discuss the case with relevant professional staff within Learner Support Services.
- 12.34. Once it has been agreed to go to Level 3, the Academic Director will call the Fitness to Study Review to determine more definitive action.
- 12.35. Those present at the Fitness to Study Panel will include:
- The Academic Director
 - The Head of Counselling & Psychotherapy
 - The Programme Leader
 - The learner, who may be accompanied by a friend or family member (Learners should inform the panel of who is accompanying them prior to the panel meeting).
- 12.36. The primary purpose of the Fitness to Study Panel is to determine:
- Why the level 2 action plan has not been successful.
 - Whether an alternative action plan is appropriate; or
 - Whether or not a learner is required to interrupt their studies for a period of time. Their return may be at the start of a subsequent academic year or, following a fixed-term period of suspension, within the same academic year.
- 12.37. Learner Support services will provide appropriate information, advice and support to the learner in either event. Where a learner interrupts a course of study, arrangements will be made for the learner to have a named member of college staff to keep in contact with, and with whom the learner's case and circumstances can be reviewed regarding return to study (see below).
- 12.38. If the Fitness to Study Level 3 Panel interrupts a learner's studies or withdraws a student from the programme, they will be informed in writing. A learner has the right to appeal against the decision of the Fitness to Study Panel. Learners who are withdrawn or whose programme is interrupted, will be given the opportunity to talk to named staff within Student Services to discuss financial, support and study implications, and other issues that may arise. The learner will also be informed of the 'Return to Study' procedure and process and an agreement made about how we will keep in contact with the learner during any absence.
- 12.39. A communication will be sent to the learner to signify the end of Level 3.
- 12.40. Return to Study**
- 12.41. It is envisaged that, after whatever time is required and is allowable within the College's Regulations regarding completion of programme, a learner covered by this policy will feel ready to return and engage with their studies. After a period of interruption on health grounds, the decision as to whether or not to permit the learner to return to study will be made by the relevant academic faculty.
- 12.42. Each case will depend upon the specific circumstances and the context out of which concern arose but in all cases, return to study will be dependent upon:
- Satisfactory medical evidence of fitness to study.
 - A review of what support is deemed necessary or of benefit and whether this can be reasonably provided.
- 12.43. Evidence submitted should be from a recognised health professional that has sufficient knowledge of the nature and extent of the learner's medical situation and the concerns that

led to the learner's withdrawal or interruption, and who is able to make an informed statement of the learner's fitness to study.

- 12.44. Upon taking the decision to permit a learner to return to study, the academic faculty is responsible for informing the Fitness to Study Panel. This is to allow Student Support services to engage the learner in ensuring that the relevant financial and support arrangements are put in place for the learner's return.
- 12.45. In the event that it is not immediately clear to the academic faculty that return to study is appropriate for the learner, the decision should be re-referred to a Stage 3 Fitness to Study Panel.
- 12.46. If all concerns are sufficiently diminished within the agreed timeframe and the learner wishes to re-enter the programme, a Programme Re-entry form must be submitted to the Head of Counselling and Psychotherapy by the 31st of July in advance of the proposed programme re-entry date. Terms agreed will be assessed, documentary evidence required will be reviewed, and if no objections are raised, the learner will be permitted to re-commence their programme at the point of disruption. Placements, Supervisors and other stakeholders will also be notified that the review period has expired, all conditions have been met, and the learner deemed fit to resume. However, if concerns remain, the learner may not be permitted to resume until these concerns have been fully resolved and a new review period with active monitoring may be implemented.
- 12.47. In exceptional circumstances, when to not do so would constitute negligence and where all fair and reasonable avenues have been exhausted, a learner may be required to withdraw from the programme completely.
- 12.48. Appeal's Procedure**
- 12.49. Right of appeal**
- 12.50. A learner aggrieved by a decision to recommend suspending shall have the right of appeal to the College Director or nominee within 10 working days, giving the grounds for the appeal. The College Director or nominee shall consider the appeal and shall decide whether to uphold or amend the decision made.
- 12.51. The decision of the College Director or nominee shall be final. If your circumstances were not addressed satisfactorily, you may escalate through the PCI College Complaint's Procedure available in the programme handbook.
- 12.52. Learner Finance and Suspension**
- 12.53. If the learner is required to undertake an interruption, suspension or withdrawal of their studies they shall be referred to the Student Services Department. Learners who are required to or choose to interrupt their studies need to be advised on the implications; on their liability to pay the tuition fees.

13. HEALTH AND SAFETY PROCEDURES

- 13.1. The Health and Safety Representative within PCI College owned/leased venues is responsible for conducting health and safety checks.
- 13.2. In all other venues, PCI College abide by the health and safety procedures as dictated by the relevant organisation.
- 13.3. The Health and Safety Representative is responsible for setting up and maintaining all checklists.
- 13.4. Checklists can be accessed by the relevant personnel within the HR section of the internal College SharePoint.
- 13.4.1. Daily Checklist
- 13.4.1.1. The member of staff opening up the premises in the morning is responsible for completing the daily checklist.
- 13.4.1.2. The purpose is to check that the premises is free from obstruction and defects.

- 13.4.1.3. The inspection should note any corrective actions that have been completed and highlight any issues that could not be dealt with. This information is communicated to the Health and Safety Representative as it arises.
- 13.4.1.4. The Fire and General Register is stored in CH reception room.
- 13.4.2. Weekly Checklist
 - 13.4.2.1. The weekly checklist is carried out by Housekeeping & Maintenance Staff.
 - 13.4.2.2. The fire alarm should be tested each Monday at 10:00am. See fire alarm testing procedures. This should be noted in the Fire & General Register , 'fire alarm' section.
 - 13.4.2.3. The purpose is to check the smoke alarms (clear of obstruction), first aid boxes (adequately stocked), fire extinguishers (in place), fire alarm call points (intact), fire blanket (in place), emergency lighting as well as inspection and maintenance of flooring and steps throughout the premises.
 - 13.4.2.4. The weekly inspection is completed and given to the Health and Safety Representative at the end of each week.
- 13.4.3. Monthly Reviews
 - 13.4.3.1. Monthly Meeting: The Health and Safety Team will review all documents at the Monthly meeting, usually the first Tuesday of the month.
 - 13.4.3.2. Any issues requiring discussion are dealt with at the meeting and action points are put in place.
 - 13.4.3.3. Any non urgent issues are held over until the monthly review and actioned as appropriate.
- 13.4.4. Bi-annual Checks
 - 13.4.4.1. The Health & Safety Officer will organise two dates for fire drills to be carried out.
 - 13.4.4.2. The Health and Safety Officer will send out any updates to staff and remind where the staff suggestion form is located.
- 13.4.5. Tri-annually:
 - 13.4.5.1. The Health and Safety Officer will arrange for an electrical audit.
- 13.4.6. Annually, the Health and Safety Officer will:
 - 13.4.6.1. Initiate a review and update of the Safety Statement, relevant signage on premises.
 - 13.4.6.2. Arrange fire alarm maintenance.
 - 13.4.6.3. Ensure Employees Liability Insurance certificate is on the noticeboard.
 - 13.4.6.4. Review training requirements:
 - 13.4.6.5. Check expiry dates of staff with Occupational First Aid and/or Fire Marshal certificates.
 - 13.4.6.6. Identify suitable staff who could undertake training or refresher course.
 - 13.4.6.7. Carry out Risk Assessments (RA):
 - 13.4.6.8. Display Screen Equipment (DSE) self assessment questionnaire.
 - 13.4.6.9. Hazardous substances.
 - 13.4.6.10. Standard of building repair.
 - 13.4.6.11. Manual handling activities.

14. IT SUPPORT PROCEDURES

- 14.1. PCI College endeavours to support learners in the area of information technology in order to enhance their educational experience and enable access to all learner supports and resources.
- 14.2. The IT supports available to learners consist of:
 - 14.2.1. Microsoft Office 365 Suite which includes access to Word, Powerpoint, Excel, Teams,

- One Drive and many other useful apps.
- 14.2.2. PCI College dedicated email address.
 - 14.2.3. Student Portal which contains all relevant programme information including programme handbooks, clinical information, module materials, timetable, in addition to 'how to' information and demonstrations with clear instructions on how to access the IT systems and supports in place.
 - 14.2.4. Academic Writing Knowledge Based which contains a number of tools and templates to assist with creating documents such as essays, research papers and presentations.
 - 14.2.5. Database search engines embedded into the Sage Online Library and Middlesex University Library with instructional videos and presentations available through the Student Portal detailing how to use same.
 - 14.2.6. Access to an Esubmissions Portal.
 - 14.2.7. Internal IT support for learners where classes are being conducted online via Teams.
 - 14.2.8. Overview of supports, including demonstrations, provided and learner orientation and inductions.
- 14.3. Access to IT Supports
- 14.3.1. Learners' ability to access the technology required in order to engage fully in their programme of study is assessed at interview.
 - 14.3.2. Learners will receive an overview of all IT supports available during learner inductions and orientations.
 - 14.3.3. Learners will receive live demonstrations on how to access the supports and gain access to tools for their own information, such as 'how to' videos.
 - 14.3.4. Student Services and Programmes Office are the main supporting departments related to IT supports. Learners will receive all relevant contact information during orientation.
 - 14.3.5. Additional supports can be accessed on the basis of an identified need. Please see Disability Policy and Procedure for further information.
- 14.4. IT Conduct Guidelines
- 14.4.1. Learners receive information related to code of conduct, class contracts and engagement online during induction and orientations sessions. This information is also available within the programme handbooks.
 - 14.4.2. Learners agree a class contract at the beginning of their programme and this is revisited at the beginning of individual modules.
 - 14.4.3. Learners have access to the College's Confidentiality Policy via the College Website.
 - 14.4.4. Learners in breach of the above will be considered under one of the following policies: Code of Conduct, Fitness to Practice, Complaints.
- 14.5. Systems Failure Procedures
- 14.5.1. In the event of an IT systems failure, where the issue cannot be resolved internally, the Academic QA Co-Ordinator, or their delegate will seek support from the College's external IT support provider (CODEC).
 - 14.5.2. Learners will be communicated with via the relevant department (Student Services, Programmes Office), informed of the steps that are being taken to address the issue and approximate timeframe for resolution.
 - 14.5.3. Where alternative plans are required, for example, issuing of a new submission deadline, this will be clearly communicated to learners in as timely a way as possible.
- 14.6. Quality Assuring IT Supports
- 14.6.1. IT supports are primarily quality assured via the Academic QA Co-Ordinator.
 - 14.6.2. The Academic QA Co-Ordinator will be informed by the relevant department of IT issues as they arise and internally troubleshoot these where possible.

- 14.6.3. Where internal resolution of IT issues is not possible, External IT support is provided to the College by CODEC.
- 14.6.4. In advance of the implementation of any new IT supports, these are tested for functionality and fit by the External IT support and the Academic QA Co-Ordinator.
- 14.6.5. IT support/guidance related to Blended Learning provision is provided by the Blended Learning External Consultant.

15. LEARNER INDUCTION AND ORIENTATION PROCEDURES

- 15.1. Induction and orientation procedures are integral to establishing a solid learning partnership in which Learners are empowered to fully participate in their learning journey. PCI College recognises the importance of instituting clear guidelines on programme requirements and Learner/College responsibilities. The information provided is aimed at encouragement and support to help Learners acclimatise and start to learn.
- 15.2. A programme induction and orientation occur at the start of each programme and throughout the academic year for every module and includes:
 - 15.2.1. Providing an introduction to the College and its mission, vision and values that provides direction and intention for the institution.
 - 15.2.2. Providing an introduction to the programme of study, assessment methods, learner supports and additional related information and guidance.
 - 15.2.3. Introducing key personnel involved throughout the Learner's programme of study, ensuring opportunities to engage and participate with the necessary administrative procedures as required.
 - 15.2.4. Providing thorough information on the use of educational supports to include accessing the College's Virtual Learning Environment.
 - 15.2.5. Introducing relevant clinical requirements as dictated by the Learners programme of study.
- 15.3. Induction and orientation sessions are managed by Student Services in collaboration with the relevant programme team and includes involvement from Programmes Office, Academic Department and Client Work Department.
 - 15.3.1. Programmes Office appoint Academic Staff to facilitate Induction sessions prior to the start of the academic year as part of the development of the academic timetable for each programme.
 - 15.3.2. Student Services provide learners with a link to their timetable, with the induction session scheduled on same.
 - 15.3.3. Student Services enrol all learners in their relevant induction class.
 - 15.3.4. In preparation for learner inductions, the Academic QA Coordinator, in collaboration with the relevant Programme Leader, reviews and where required updates informational material used during orientation.
 - 15.3.5. The Clinical Manager reviews clinical requirements and updates the required information where necessary.
 - 15.3.6. Student Services department arranges for Garda Vetting procedures to be initiated.
 - 15.3.7. Academic staff conduct Induction sessions for all Year 1 entries according to the timetable and induction schedule.
 - 15.3.8. Faculty Lecturers conduct orientation at pivotal points throughout the academic year for e.g., at the start of a new module.

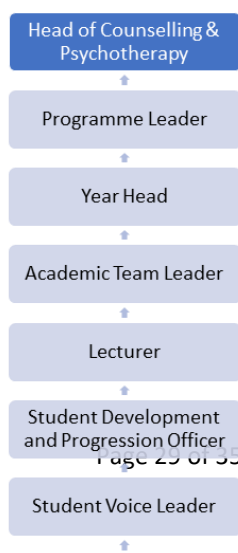
16. MITIGATING CIRCUMSTANCES PROCEDURE

- 16.1. Learners who are experiencing circumstances beyond their control that are impacting on their ability to complete an assessment submission and wish to apply for additional time to complete their assessment can submit a mitigating circumstances application to assignments@pcicollege.ie

- 16.2. Prior to making a request for mitigating circumstances, learners are obligated to ensure they meet the criteria for same which is outlined within their programme handbook.
- 16.3. The mitigating circumstances form can be found on the Student Portal under resources – student support.
- 16.4. Learners are asked to submit the completed form to assignments@pcicollege.ie before the relevant submission deadline date.
- 16.5. The Examinations Officer reviews completed mitigating circumstances forms, adjudicates learner claims and informs learners of resulting outcomes which may include for example being given a revised submission date.
- 16.6. Where applicable the learner may be asked to provide supporting documentation such as a doctor's note to support their application.
- 16.7. Once the application for mitigating circumstances has been reviewed by the Examinations Officer the learner will receive an email to their student email account notifying them of the result of their application.
- 16.8. If the application is successful, the learner will be issued with a revised submission date and will be requested to send the assessment to assignments@pcicollege.ie by the approved due date.
- 16.9. **Moving Groups**
 - 16.9.1. Some modules do not lend themselves to missed time assignments because of their nature or content. In such circumstances a learner may move to another group by agreement with the College, if such a group is available, and with the consent of the Lecturers concerned. Two possible situations may arise as follows:
 - 16.9.1.1. A module may lend itself to a learner attending part of the module in another group, and subject to above this is acceptable.
 - 16.9.1.2. Modules which do not lend themselves to (1) above include: Personal Development, Universal Issues, because of the intimate nature of the work. Research Methods, depending on the content missed, may also not lend itself to part-swapping because of the technical nature of the module.
 - 16.9.2. In these situations, a learner will need to complete the whole of the module in whichever group they are assigned to.
 - 16.9.3. The above procedures are applied at the discretion of PCI College who may require a learner to repeat the entire module.

17. PASTORAL CARE PROCEDURES

- 17.1. Within PCI College, Student Progression and Development is a collaborative practice. It involves Students, Lecturers, Year Heads, Programme Leaders and supporting departments coming together to input, assess, monitor, and guide. With the increasing demand for appropriately qualified practitioners, the burden of responsibility placed on our collective shoulders as educators requires from us an obligation to actively participate in and take responsibility for the development of our learners while they are in our care.



- 17.2. Student Development and Progression Officer and Learner Care
- 17.2.1. The SDPO is assigned to a cohort of learners who they will stay in contact with as they progress throughout their programme.
 - 17.2.2. The SDPO is a point of contact for learners, in addition to their Lecturers, Academic Team Leader, Year Head and Programme Leader. Outside of class time, the SDPO is the first point of contact for learners.
 - 17.2.3. The role of SDPO as the main point of contact for the learners will be to assist learners with their queries and where necessary point them towards the college dept that is best placed to respond to their enquiry.
 - 17.2.4. Throughout the academic year, lecturers will communicate progression issues to the SDPO in relation to learners in the relevant cohort. SDPOs may also have observations about a learner's progression from their own contact with learners.
 - 17.2.5. SDPOs keep track of any potential progression issues on the Progression Spreadsheet, which is available in the Student Development and Progression folder in the Staff Area of the Portal.
 - 17.2.6. SDPOs are a point of formal contact for learners in relation to conducting Progress Review Meetings (PRM). These meetings are an opportunity for learners to communicate their experience on the programme and for the College to communicate how the learner is engaging with and progressing on the programme.
 - 17.2.7. There will be a set date by which these meetings need to be completed. The SDPO is tasked with conducting these meetings by said date.
 - 17.2.8. The SDPO (collaboratively collected) feedback will inform the decision of learner readiness to see clients.
 - 17.2.9. The Clinical Manager will link in with the SDPO at set points during the academic year to seek approval for learners to begin client work.
 - 17.2.10. The SDPO will attend Progression Boards and provide an update on any learners in their cohort who have progression issues.
- 17.3. SDPO Responsibilities for Learner Care
- 17.3.1. The SDPO should be in regular communication with the lecturers in their cohort.
 - 17.3.2. Lecturers work closely with learners and have central involvement in the progression of learners throughout the year.
 - 17.3.3. In addition to the individual lecturers, there is an Academic Team Leader in place who will act as a support to the SDPO and will be actively involved in all aspects of learner's development to ensure that all progression issues are identified and dealt with appropriately.
 - 17.3.4. The SDPO will also have access to each Year Head who can input and advice regarding progression decisions.
 - 17.3.5. Progression decisions should always be collaborative. The SDPO you will not be teaching the learner directly. This will enable the SDPO to get to know each learner objectively.
- 17.4. Procedures for Pastoral Care
- 17.4.1. The following procedures relate to situations where a Programme Leader (MSc) or SDPO (BSc) has concerns about a learner or if a lecturer raises concerns about a learner.
 - 17.4.1.1. Collaborative communication is key. The PL/SDPO seeks out the experience of all stakeholders involved with a progression decision; speak to the lecturers working with the learner, speak to the Clinical Manager, link in with Academic Team Leader and Year Head, where applicable.
 - 17.4.1.2. Checks and reviews the progression spreadsheet to assess prior history, link in with other departments for input/clarification.

- 17.4.1.3. It may be necessary in some instances to have a Teams meeting with the relevant stakeholders to fairly assess the next steps to take.
- 17.4.1.4. If it is agreed that there is a progression issue at play, this should be communicated to the learner at an upcoming PRM.
- 17.4.1.5. If there is an urgent progression issue, a progression meeting can be held with the learner. Another member of the Care Team can be present at this meeting.
- 17.4.1.6. All progression concerns should be tracked on the Progression Spreadsheet.
- 17.4.1.7. Formal progression issues should be presented at the Progression Board.
- 17.5. The Progress Review Process
 - 17.5.1. The Progress Review Meeting (PRM) take place throughout the academic year.
 - 17.5.2. The PRM will be conducted by the SDPO on the BSc programme and the Programme Leader with support from the Clinical Manager on postgraduate programmes. While PLs/SDPOs hold responsibility for monitoring the wellbeing of the learner in their cohort, all educators have a collective responsibility to be involved in the holistic development of all learners in our care, therefore, prior to conducting the PRM, the PL/SDPO should link in with the outgoing/current lecturer and review the Progression Spreadsheet to familiarise themselves with the Learner’s progression.
 - 17.5.3. It is recommended that those conducting the PRM’s, allocate approx. a 10 – 15-minute appointment scheduled via MS Teams. There will be a timetabled date upon which the meetings must be completed. This date should be considered when scheduling the individual meetings.
 - 17.5.4. After the meeting, the PL/SDPO should note any learner’s development actions identified during the PRM on the Student PRM Reflection Form and update the progression spreadsheet. Any development actions should be communicated to the Year Team (emailed to the Academic Team Leader, Year Head, lecturers and Clinical Manager).

Steps:	
PL/SDPO	Email the Student Voice Leader (SVL) the PRM Scheduling Tool, the PRM Student Reflection form and the PRM Clinical Requirement Form (all available in the Student Development and Progression folder, including a list of SVLs for this academic year)
PL/SDPO	Request the SVL to forward Reflection Form and Clinical requirements form to the learners in their group to complete and notify them that they must return the completed forms to the PL/SDPO one week prior to their meeting.
PL/SDPO	Request SVL to organise scheduling PRM meetings for each learner in their group and return the completed timetable to the PL/SDPO.

One week prior:	
Student Voice Leader	To email completed PRM schedule to PL/SDPO.
Learners	To email completed Reflection Forms and Clinical Requirement forms to SDPO (MS Word format).
PL/SDPO	Review Progression spreadsheet found in the Student Development and Progression folder and if necessary, contact Lecturers, Academic Team Leader, Year Head etc for input. Review

	student reflection forms and Clinical Requirements form and take note of any points that need to be discussed during the meeting.
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Progress review meeting:	
SDPO	Conducts meeting and completes their section of the student reflection form – for each learner. (PL/SDPO notes table at end of form).

One-week post PRM:	
SDPO	Student reflection forms for learners with progression issues/concerns should be forwarded to lecturers on the relevant team. /Update progression spreadsheet. Inform the Academic Team Leader and Year Head (where applicable) of any issues identified.

- 17.6. Programme Interruption and Withdrawal Procedures
- 17.6.1. In order to support learners who need to interrupt their programme of study, temporary and permanent programme interruption procedures have been put in place.
- 17.6.2. Where learners are struggling to meet the demands of their course, academically, financially, clinically, personally or otherwise, learners are encouraged to discuss this with their Student Development and Progression Officer/Programme Leader in the first instance and as soon as possible to determine their Fitness to Study.
- 17.6.3. For fee related concerns specifically, learners can seek support from Student Services directly.
- 17.7. Temporary Interruption: Deferral
- 17.7.1. Learners can access the Application for Deferral forms within the Resources and Student Support section of the Portal.
- 17.7.2. Learners should download and complete this form.
- 17.7.3. The completed form is submitted to interruption@pcicollege.ie
- 17.7.4. Submission of this form starts the College's internal procedures, and a deferral meeting is arranged with the learner.
- 17.7.5. A decision on the deferral application is confirmed to the applicant in writing as soon as possible after a deferral meeting has been held.
- 17.7.6. The necessary updates are made to the learner's CRM, including any particular re-entry requirements.
- 17.7.7. All relevant stakeholders are informed and the information is recorded for Assessment Board information.
- 17.7.8. This process is managed through Academic Administration and Student Services.
- 17.8. Temporary Interruption: Pause of Programme
- 17.8.1. A student's self-disclosure or independent referral for Fitness to Study issues starts the College's internal procedures, and a Fitness to Study meeting is arranged with the learner.
- 17.8.2. A decision on a Pause of Programme is authorised by the Year Head (BSc) or Programme Leader (MSc) then confirmed to the applicant in writing as soon as possible after the meeting.
- 17.8.3. If a Pause of Programme is approved, all modules will be recorded according to their status at the time; either as completed or incomplete.
- 17.8.4. Modules recorded as incomplete will need to be re-sat in the next academic term.
- 17.8.5. Conditions of Pause of Programme may be provided along with any

- recommendations as deemed necessary by Faculty to monitor and support Learners during this time.
- 17.8.6. Students who have paid a portion or all the academic fees for the year ahead and have their Pause of Programme approved will have this amount carried over on their account and deducted from the fees due upon re-entry. Refunds are not given.
 - 17.8.7. The necessary updates are made to the learner's CRM, including any particular re-entry requirements.
 - 17.8.8. All relevant stakeholders are informed and the information is recorded for Assessment Board information.
 - 17.8.9. This process is managed through Academic Administration and Student Services.
- 17.9. Permanent Interruption: Withdrawal
- 17.9.1. Learners can access the Withdrawal Form upon request from interruption@pcicollege.ie or under Resources in the Student Support section of the portal
 - 17.9.2. Learners should download and complete this form.
 - 17.9.3. The completed form is submitted to interruption@pcicollege.ie
 - 17.9.4. The necessary updates are made to the learner's CRM.
 - 17.9.5. All relevant stakeholders are informed.
 - 17.9.6. This process is managed through Student Services.
- 17.10. Programme Re-entry
- 17.10.1. The Re-entry Application Form is sent to the learner by Student Services at the time an interruption has been formally approved.
 - 17.10.2. The Re-entry Application Form can be submitted once the approved interruption time has lapsed and in advance of the beginning of the next academic year.
 - 17.10.3. Submission of this form to interruption@pcicollege.ie starts the College's internal procedures, and a re-entry meeting is arranged with the learner.
 - 17.10.4. A decision on the re-entry application and any conditions is confirmed to the applicant in writing as soon as possible after a re-entry meeting has been held.
 - 17.10.5. Following re-entry approval, necessary updates are made to the learner's CRM, including any particular re-entry requirements and updated enrolment status.
 - 17.10.6. All relevant stakeholders are informed.
 - 17.10.7. This process is managed through Student Services.

18. PROGRAMME VOICE GROUP PROCEDURES

- 18.1. Programme Voice Groups facilitate collaborative, actionable review of programmes between learners and the College, managed by Student Services and take place in December (Winter PVG) and Summer (May PVG)
- 18.2. Before the start of the new academic year the Programme Voice Group dates are set by Student Services with the Institute Link Tutor.
- 18.3. The dates are confirmed with the validating body representative and an invite for same extended.
- 18.4. Confirmed dates are updated on the student and staff areas of the portal.
- 18.5. PVG invites are sent by Student Services to:
 - 18.5.1. Institute Link Tutor (Chair)
 - 18.5.2. Middlesex University Link Tutor (invited for both Summer & Winter but only required at one Programme Voice Group meeting)
 - 18.5.3. Validating body representative (where the validating body is not MU)
 - 18.5.4. Head of Counselling & Psychotherapy
 - 18.5.5. Programme Leaders
 - 18.5.6. Year Heads (BSc programmes)

- 18.5.7. Student Development and Progression Officers
- 18.5.8. Clinical Manager
- 18.5.9. Programmes Office
- 18.5.10. Marketing Team Member
- 18.5.11. Student Voice Leaders (Class representatives)
- 18.5.12. Student Services
- 18.6. PVG Timings
 - 18.6.1. **Six weeks prior** to the PVG meeting, an invitation is sent to all Student Voice Leaders (SVLs) requesting written feedback, on behalf of their class, on their student experience.
 - 18.6.2. The SVLs are required to provide their class feedback **no later than three weeks** in advance of the meeting.
 - 18.6.3. The feedback is circulated internally to all relevant departments and the Chair for their input/action. The college's responses are then sent back to the SVLs for their review **a week before the meeting**.
 - 18.6.4. Student Services collate the themes from the feedback and these are used to set the agenda for the in person PVG meeting.
 - 18.6.5. **On the day of the meeting** Student Services ensures that the agenda, the minutes from the previous meeting and the External Examiners reports are made available to all participants.
 - 18.6.6. A collaborative discussion ensues. All comments and actions are minuted with an action table produced outlining same.
 - 18.6.7. **One week post meeting**, the action plan will be circulated to all Student Voice Leaders.
 - 18.6.8. The action plan is presented to the Academic Council for implementation.
 - 18.6.9. **Four weeks post meeting**, the minutes along with the action plan as a reminder should be circulated to all participants. These will also be uploaded to the portal and a notification sent to all learners that this is available for review.
 - 18.6.10. Student Services are responsible for overseeing the completed actions, through the Academic Council.

19. SUPPORTING NEW MOTHERS: PROCEDURES TO FACILITATE BREASTFEEDING

- 19.1. To avail of accommodations to facilitate breastfeeding, learners must first contact Student Services to make arrangements for breastfeeding while attending class.
- 19.2. Student Services contact the Programme Leader in order to address the learner's needs.
- 19.3. Agreed arrangements will be communicated to the learner in question.
- 19.4. Student Services will notify the Student Voice Leader who will inform the class of these accommodations including in-class breastfeeding.
- 19.5. The lecturer will be similarly informed of these accommodations.

20. LINKED POLICIES AND PROCEDURES

Access, Applications and Admissions Policy
Assessment of Learners Policy
Blended Learning Policy
Learning Environments Policy
Ongoing Programme Monitoring Policy
Privacy Policy
Public Information Policy
Recognition of Prior Learning Policy

Self Evaluation and Monitoring Policy
Support for Learners Policy
Teaching and Learning Strategy
Transfer and Progression Policy
Access, Applications and Admissions Procedure
Academic Misconduct Procedure
Assessment of Learners Procedure
Blended Learning Procedure
Administrative Quality Assurance Procedure
Annual Comparative Study Report
Annual Module Review Procedure
Annual Programme Review Procedure
Ongoing Programme Monitoring Procedure
Public Information Procedure
Recognition of Prior Learning Procedure
Self Evaluation and Monitoring Procedure
Transfer and Progression Procedure