## **University of Nottingham (Malaysia)** School of Pharmacy

## Notification of Concern about a Pharmacy Student (Please complete all sections in yellow)

Student Name (BLOCK CAPITALS if hand written)						Voor of C	·	
						Year of S (if known)	cuuy	
						Student I	ID no.	
Please select the nature of concern								
	Student unhappy / appears withdrawn / has health problems.							
	Inappropriate attitudes or behaviour							
	Serious misconduct (e.g. a criminal conviction or caution / drug or alcohol misuse / aggressive or threatening behaviour).							
	Other							
Please describe the concern (attach evidence as necessary):								
Name of person reporting						Pate of concern		
Contact telephone number(s)				Eı	Email			
Context in which this student has come to your attention								
	As Personal tutor					Pharmacy Student		
	Member of academic staff				Member of the public			
	Member of s	support staff				Other (please state)		
Signature (If sent electronically from a University account please state your username)								
Please return to: "Fitness to Practise Administrator", c/o Pharmacy Administrator, Faculty of Science Office, The University of Nottingham Malaysia Campus, Jalan Broga, 43500 Semenyih, Selangor, Malaysia or by email to pharmacy.concerns@nottingham.ac.uk								
Office use only:								
Date received						ceived by		
Date entered into concern log					1oO	ncern Log I	D	
	Personal tutor Welfare notified (date and whom)							
Standards for Pharmacy Professionals: to which								
principle does this 'Concern' relate? If applicable								

All concern forms received will be treated as confidential but it cannot be guaranteed that the originator will not be identified to the student concerned. Where a concern about an individual is progressed to a fitness to practise committee, only in exceptional circumstances will their identity not be disclosed. Concerns raised anonymously will not normally be considered.