



QAHE Student Policies Handbook

University of Roehampton Programmes

QA Higher Education

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Please note that the above policies and procedures supersede the University of Roehampton equivalents. In addition to the QA Higher Education Student Policies Handbook, there are also a number of University of Roehampton policies that apply to students studying Roehampton programmes at QAHE. These can be found at: <https://www.roehampton.ac.uk/corporate-information/policies/>

QAHE Safeguarding Policy

Under 18s and Adults at Risk

Prepared by: Head of Student Welfare & Compliance

Date: February 2017

Issue: V1.1

POLICY STATEMENT

- 1.1 QA Higher Education (QAHE) will carry out its responsibilities under all relevant legislation, regulations and formal guidance for the protection of children and adults at risks as stated in the Education Act 2002.
- 1.2 QAHE holds as one of its highest priorities the health, safety and welfare of all children and adults at risk involved in courses or activities which come under the responsibility of QAHE.
- 1.3 QAHE and its staff have a collective and individual duty to ensure that their staff fulfil their responsibilities to safeguard and promote the welfare of children and adults at risk, and to prevent child abuse and to report any abuse discovered or suspected.
- 1.4 QAHE recruitment procedures make specific reference to the role and responsibilities of all staff towards upholding the principles, policy and practice of effective safeguarding and **all** appointments are subject to satisfactory DBS checks as outlined in Appendix C.
- 1.5 QAHE will advise all parents/ guardians/ carers of learners under 18 of the existence of the QAHE's Safeguarding Policy and Procedures, and the fact that this may require cases to be referred to the investigative agencies in the interests of the child.
- 1.6 QAHE will advise children and adults at risk who are students about the standards of behaviour and conduct they can expect from staff and volunteers and of what to do if they experience or suspect abuse.
- 1.7 QAHE will work with appropriate local agencies, and in particular the Local Authority Designated Officer (LADO) and Local Safeguarding Children's Boards (LSCBs), to ensure that children are safeguarded through the effective operation of QAHE's safeguarding procedures.
- 1.8 QAHE recognises that any child and adult at risk can be subject to abuse and all allegations of abuse will be taken seriously and treated in accordance with QAHE's procedures.
- 1.9 QAHE recognises that it is the responsibility of all staff to act upon any concern no matter how small or trivial it may seem.
- 1.10 QAHE recognises its responsibility to implement, maintain and annually review the procedures that are designed to prevent or notify suspected abuse.
- 1.11 QAHE requires all staff to follow the Safeguarding Procedures as outlined in Appendix A and Safeguarding code of behaviour for QAHE staff, Appendix B, and will draw the attention of staff to this code of conduct and procedures in induction and relevant training.
- 1.12 QAHE will have appropriate policy and procedures in place that aim to prevent bullying and harassment and build good campus relations between students
- 1.13 QAHE is committed to supporting, resourcing and training those who work with, or who come into contact with, children and adults at risk and to providing appropriate supervision.
- 1.14 QAHE will ensure that any contracted or partner provider used by us in the delivery of services to students have appropriate safeguarding, child protection and health and safety policies in place where relevant (for example selected accommodation and homestay

service providers)

- 1.15 QAHE will prepare and implement an action plan to ensure that it fulfils its duties to protect children and adults at risk.

SCOPE

This policy deals with the protection of children and adults at risk. Children are those under 18 years of age and will include those aged 16 - 18 on QAHE courses.

KEY PRINCIPLES - STATUTORY FRAMEWORK

- 3.1. The Children Act 1989 provides the legal framework for the protection of children in the UK. Under the Children Act a child is defined as any person under 18 years of age.
- 3.2. The Protection of Children Act 1999 requires employers to carry out Criminal Record Checks before employees are allowed to come into contact with children and Adults at risks. QAHE is required under this legislation to apply for an enhanced disclosure from the Disclosure and Barring Service for staff working with such learners.
- 3.3. Working Together to Safeguard Children (2015) is a Government Guidance document which sets out how all agencies and professionals should work together to promote children and Adults at risks welfare and protect them from abuse and neglect, and requires QAHE to follow the procedures for protecting children from abuse which are established by the Area Child Protection Committee. The guidance makes clear that QAHE are also expected to ensure that they have appropriate procedures in place for responding to situations in which they believe that a child has been abused or is at risk of abuse – these procedures should cover circumstances in which a member of staff is accused or suspected of abuse.
- 3.4. DfES Safeguarding Children in Education (2007) derives from the Education Act 2002 and places the following responsibilities on all Educational Organisations:
 - a) Staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions.
 - b) A Designated Senior Person (DSP) should have responsibility for co-coordinating action within QAHE and for liaising with other agencies.
 - c) Staff with designated responsibility for child and adult at risk protection should receive appropriate training.
 - d) Educational Organisations should be aware of and follow the procedures established by the LSCBs and, where appropriate, by the Local Education Authority or Children's Social Care (England) /Social Services Department (Scotland).
 - e) Educational Organisations should have procedures, of which all staff are aware, for handling suspected cases of abuse of children, including procedures to be followed if a member of staff is accused of abuse. Circular 10/95 also states that "parents should be made aware of the (Educational Organisation's) safeguarding policy and the fact that this may require cases to be referred to the investigative agencies in the interests of the child." QAHE follows the detailed guidelines set out in Circular 10/95 in dealing with all cases of abuse or suspected abuse against children. Section 175 of the Education Act 2002 requires providers to safeguard and promote the welfare of children and Adults at risks. QAHE will follow any guidance issued on this section of the Act. QAHE will keep its policy and procedures on safeguarding under review to take account of any new Government

legislation, regulations or best practice documents to ensure that staff are kept fully up to date with their responsibilities and duties with regard to the safety and well-being of children and Adults at risks.

3.5 Local Safeguarding Children Boards bring together all services for children and young people in a local area to focus on improving outcomes for all children and young people. The outcomes that are most important to children and young people are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Economic wellbeing
- Making a positive contribution

MONITORING AND REVIEW

This policy will be monitored through update reports presented by the Head of Welfare and Compliance to QAHE's Senior Management Team and the University and will be formally reviewed annually or when new legislation or guidance is issued, whichever is the earliest.

QAHE Equality & Diversity Policy

Prepared by: Head of Student Welfare & Compliance

Date: March 2017

Issue: V1.1

Introduction

This policy outlines QA Higher Education's (QAHE) commitment to ensuring equality of opportunity and equal treatment for students, teaching staff, employees and visitors in terms of teaching, employment and access to services, and to provide guidance on anti-discriminatory practice. It advises both those affected by an act of discrimination and those that witness an act of discrimination on how to proceed if they wish to make a formal complaint. **This policy is non-contractual.**

Our Commitment

QAHE fully supports the principle of equality and diversity. We aim to encourage, value and manage diversity and we recognise that talent and potential are distributed across the population. Not only are there moral and social reasons for promoting equality of opportunity, it is in the best interest of this organisation to recruit and develop the best students for our courses and people for our jobs from as wide and diverse a pool of talent as possible.

QAHE is committed to opposing all forms of discrimination including that based on protected characteristics such as age, disability, gender reassignment, race (including colour, nationality, and ethnic or national origins), religion or belief, sex, sexual orientation, marriage or civil partnership, pregnancy and maternity. This list is not exhaustive.

Discrimination can be direct, associative, perceptive, indirect, harassment (including by 3rd parties) or victimisation. (See appendix at end for definitions). All forms of discrimination are unacceptable, regardless of whether there was any intention to discriminate or not. Students and staff of QAHE's University partners have a duty to co-operate with QAHE to ensure that this policy is effective in ensuring equal opportunities and in preventing discrimination.

Scope

The policy applies to all students with QAHE. The policy applies specifically to discrimination and equality of opportunity in respect of 'protected characteristics' as defined in the Equality Act 2010:

- (a) Age
- (b) Disability
- (c) Race
- (d) Sex
- (e) Religion or cultural beliefs
- (f) Gender reassignment
- (g) Marital status and civil partnership
- (h) Sexual orientation
- (i) Pregnancy and maternity

Aims

QAHE aims to:

- Promote equality of opportunity
- Celebrate and value diversity

- Eliminate unlawful direct and indirect discrimination

QAHE will provide equality of opportunity and equal treatment as an integral part of good practice. The organisation is committed to providing a learning and working environment in which the contribution and needs of everyone are fully valued and recognised. We will support our students, teaching staff, workers and contractors' in not tolerating any inappropriate, violent or abusive behaviour from colleagues, other organisations or visitors.

General purpose

QAHE practices will ensure that students, teaching staff and workers will not be discriminated against on any grounds including age, disability, race, sex, religion or cultural beliefs, gender reassignment, marital status and civil partnership, sexual orientation, pregnancy and maternity.

QAHE's commitment to anti-discriminatory practice relates to all kinds of discrimination, as set out below:

- Direct discrimination - where someone is treated less favourably than another because they have a protected characteristic
- Indirect discrimination – when a requirement or a condition is applied which has a detrimental effect on a particular group or individual. This applies even if there was not a deliberate intention to discriminate.
- Associative discrimination – direct discrimination against someone because they associate with another person who has a protected characteristic.
- Perceptive discrimination - direct discrimination against someone because others think they have a protected characteristic even if they do not possess that characteristic.
- Harassment – unwanted conduct related to a protected characteristic which violates a person's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment for them. This applies even if the conduct is not directed at the individual or if they do not have the protected characteristic.
- Third party harassment – potential liability for the harassment of students and staff by others such as associates or contractors.
- Victimisation – when someone is treated badly because they have made or supported a complaint under the Equality Act or it is thought that they have done so.

QAHE as an Education Provider

QAHE is fully committed to a policy of inclusion and opportunity. QAHE aims to promote equality and diversity as an education provider and to ensure that no applicant to, or student of the University, receives less favourable treatment or is disadvantaged by conditions or requirements that cannot be shown to be justifiable in the context of the policy. Advertising, student recruitment, selection, teaching and assessment practices will be subject to regular review to ensure that they comply with the Equality and Diversity Policy. QAHE regards discrimination, abuse, harassment, and victimisation or bullying of staff, students or others as disciplinary offences

QAHE as a Service Provider

In developing its services, QAHE will seek to ensure access to all QAHE users, this will include, wherever practicable, making specific access arrangements for its users with disabilities or specific learning difficulties/differences, or any other protected characteristic which may apply, such as race, religion and belief. QAHE will attempt to ensure that none of its policies discriminate directly or indirectly against any group or individual.

Data Collection

QAHE complies with the requirement of the Data Protection Act. Any data, either qualitative and or quantitative, required in order to monitor the requirements or the impact of the Equality Act 2010, will be collected where it is reasonable, proportionate and practical to do so.

Responsibilities

QAHE values its students, teaching staff, contractors, workers, and expects them to be treated in a respectful manner. Accordingly, all have a responsibility to treat others with dignity and respect. The responsibility of delivering the policy extends to every member of the organisation including management, those with an explicit remit for diversity, and individual members of staff.

- Overall responsibility for the Policy will sit with the Head of Welfare & Compliance
- The Head of Welfare and Compliance and the Head of People Team are responsible for providing advice and guidance on equality and diversity issues, and to ensure the Policy document is kept up to date.

Reporting complaints - Students

All allegations of discrimination or harassment will be dealt with seriously, confidentially and speedily. QAHE will not ignore or treat lightly grievances or complaints of discrimination or harassment.

With cases of harassment; while we encourage students who believe they are being harassed to notify the offender (by words or by conduct) that his or her behaviour is unwelcome, we also recognise that actual or perceived power and status disparities may make such confrontation impractical. Harassment does not necessarily have to happen to the person who reports it, therefore reporting incidents of harassment or bullying forms part of the QAHE duty of care.

If you wish to make a complaint of discrimination or harassment, regarding yourself or the discrimination of another, you should follow the following steps:

1. First of all, report the incident of discrimination or harassment to your Programme Convenor/Course Director. If you do not wish to speak to the Programme Convenor you can instead speak to the Head of Welfare & Compliance.
2. Such reports should be made promptly so that investigation may proceed and any action taken expeditiously.
3. All allegations of harassment will be taken seriously. The allegation will be promptly investigated and, as part of the investigatory process, you will be interviewed and asked to provide a written witness statement setting out the nature and details of the incident or complaint and the basis for it. Confidentiality will be maintained during the investigatory process to the extent that this is practical and appropriate in the circumstances. However, in order to effectively investigate an allegation, we must be able to determine the scope of the investigation and the individuals who

should be informed of or interviewed about the allegation. QAHE reserves the right to arrange for another staff member to conduct the investigation other than the staff member with whom you raised the matter.

4. We will also invite you to attend at least one meeting at a reasonable time and place at which your complaint can be discussed. You should take all reasonable steps to attend that meeting and you have the right to be accompanied by a fellow student of your choice or a member of the Welfare and Compliance Team.
5. Once the investigation has been completed and after the meeting with you has taken place, you will be informed in writing of the outcome as soon as possible. You will also be notified in writing of your right to appeal against the decision if you are not satisfied with it. We are committed to taking appropriate action with respect to all complaints of discrimination or harassment that are upheld.
6. If you wish to appeal against the decision, you must do so in writing within five working days of the decision to the Complaints Officer Janis.Gladwin@qa.com, where the complaint involves a member of staff you will be directed to the appropriate appeals officer. On receipt of an appeal, a more senior manager (who may not be the person to whom you addressed your appeal) shall make arrangements to hear your appeal at an appeal meeting. At that meeting you may again, if you wish, be accompanied by a fellow student of your choice. You should take all reasonable steps to attend the appeal meeting. Following the meeting, you will be informed in writing of the outcome and the final decision on your appeal.
7. You will not be penalised for raising a complaint of discrimination or harassment even if it is not upheld, unless the complaint was both untrue and made in bad faith.

Any student who is found to have discriminated against or harassed another student or QAHE employee, in violation of this policy, will be subject to disciplinary action as outlined in the QAHE Student Disciplinary Regulations – University of Roehampton Programmes Such behaviour may be treated as gross misconduct and could render the student liable to summary expulsion from the course.

This policy will be reviewed annually and amended in line with new developments in Equality and Diversity best practice.

Appendix

Protected Characteristics

The protected characteristics as listed in the Equality Act 2010 are sex, sexual orientation, marriage or civil partnership, gender reassignment, race, religion or belief, age, disability, pregnancy and maternity.

Disability

Under the Equality Act 2010, a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Gender reassignment

A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender. The person does not have to be under medical supervision.

Race

Race includes colour, nationality and ethnic or national origins. A racial group can be made up of two or more different racial groups (e.g. Black Britons).

Religion or belief

Under the Equality Act 2010, religion includes any religion. It also includes lack of religion, in other words employees and students are protected if they do not follow a certain religion or have no religion at all. Additionally, a religion must have a clear structure and belief system. Belief means any religious or philosophical belief or a lack of such belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and behaviour.

Sexual orientation

Bisexual, gay, heterosexual and lesbian people.

Direct discrimination

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perceptive discrimination below), or because they associate with someone who has a protected characteristic (see associative discrimination below).

Associative discrimination

This is direct discrimination against someone because they are linked or associated with another person who possesses a protected characteristic.

Perceptive discrimination

This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

Indirect discrimination

Indirect discrimination can occur when you have a condition, rule, policy or even a practice in your company/institution that applies to everyone but particularly disadvantages people who share a protected characteristic and which cannot be justified in relation to the job/the course.

Harassment

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Third party harassment

For example: Harassment of students by people (third parties), who are not members of the School, such as patients. The School has a duty to prevent harassment and may be liable if aware that harassment has occurred on at least two previous occasions and does not take reasonable steps to prevent it from happening again.

Victimisation

Victimisation occurs when a student is treated badly because they have made or supported a complaint about discrimination or harassment, or raised a grievance under the Equality Act; or because they are suspected of doing so. A student is not protected from victimisation if they have maliciously made or supported an untrue complaint.

Positive action

Some people with protected characteristics are disadvantaged or under-represented in some areas of life, or have particular needs linked to their characteristic. They may need extra help or encouragement if they are to have the same chances as everyone else. The new positive action provisions held within the Equality Act 2010 enable service and education providers to take proportionate steps to help people overcome their disadvantages or to meet their needs.

QAHE Student Pregnancy, Maternity and Paternity Policy

Prepared by: Head of Student Welfare & Relations

Date: February 2016

Issue: V1.0

Student pregnancy, maternity and paternity policy and procedure

This policy outlines the responsibilities we have towards students who are pregnant, have recently given birth, or who have terminated or miscarried a pregnancy, and students whose partners fall into this category. Students at UK institutions are afforded protection under the Equality Act 2010 under which it is unlawful to treat a woman unfavorably for reasons of her pregnancy or maternity. This includes women with children up to 26 weeks old, those who have given birth to a still born child or if the baby dies.

QAHE believes that being or becoming pregnant, terminating a pregnancy or having a very young child should not in itself be a barrier to applying for, starting, succeeding in or completing a course of study. We are committed to being as flexible as possible, providing that academic standards are upheld and all appropriate legal considerations are protected – including UK Visa regulations and Health and Safety legislation.

Policy principles

- Avoiding less favourable treatment for pregnant applicants and students and that such students are not placed at a particular disadvantage compared to other students
- We will take a flexible approach to facilitate the continued learning of a pregnant student wherever reasonable and practical to do so
- We will treat students sensitively and non-judgmentally taking care with confidentiality
- We will enable you to make informed choices about your study and support needs
- We will take our duty of care towards you seriously and will work with you to ensure a safe learning environment



Guidance notes on the procedure

Stages 1-2

Students are not necessarily obliged to disclose their pregnancy. Some may not formally disclose at all and in such cases the primary consideration is to communicate the importance of having a risk assessment undertaken for the purpose of health and safety, and to ensure that the student has access to advice regarding continuation of study during pregnancy and maternity.

Staff should bear in mind that disclosure of pregnancy does not necessarily equate with a decision to continue the pregnancy and you should listen non-judgmentally to the disclosure and NEVER offer advice on options. Where the student is seeking your opinion of her choices regarding the pregnancy you should refer her to the Welfare and Compliance Service who will then signpost to external organisations as appropriate.

Wherever possible try to provide the student with a copy of this policy pregnancy and maternity policy and refer them to the Welfare and Compliance Service. You may also ask the student permission to pass their name and contact details directly onto the Welfare and Compliance Service.

Stage 3

Once the student has disclosed the pregnancy, a member of the Welfare and Compliance will make contact and will be responsible for working with the individual to co-ordinate risk assessments, discuss any support requirements and practical arrangements. The Welfare and Compliance Service will also act as the central point of contact between the student and QAHE if this is required, although in most cases communication between staff and students will be much more informal.

The Welfare and Compliance Service complete the pregnancy and maternity support form with the student (See appendix 1). It should be noted that not all requests can be accommodated and that support requests may need to be checked with both legal and university regulatory frameworks.

Every effort will be made to help the student continue with her studies during pregnancy and after the birth. However, significant adverse impact on attendance that places a student at an academic disadvantage will be reviewed with the individual and a leave of absence might be recommended in exceptional cases. Similarly, the QAHE and/or University reserve the right to seek medical evidence if there is concern that continuing with studies places the woman or the unborn baby at undue risk.

Risk assessment

All courses represent a relatively low level of risk during pregnancy, however the Welfare and Compliance service will undertake risk assessments with the pregnant student or those who have returned recently after giving birth. Stress is a particular concern and it is important to understand that some concessions can be legitimately applied to a pregnant student if that adjustment will mitigate against the impact of stress. Examples might be granting occasional extensions on coursework, or extra time in exams for rest breaks.

Other minor risks are related to posture, possible soft tissue injuries, and effects of using a keyboard for long periods of time (such as typing up a dissertation). Women in the final trimester may also need extra assistance to evacuate the building in an emergency situation. Once the risk assessment has been completed, the Welfare and Compliance service will liaise with facilities to implement any physical adjustments or evacuation plans. A copy will be sent to the course director where appropriate.

Stage 4 visa compliance

It should be noted that international students with tier 4 visas cannot apply for an extension on the grounds of pregnancy. Should the student decide to take a leave of absence from her course then she must be referred to visa compliance for more advice. Similarly, advice should be sought where there are missed contact times.

Stage 5 -6 Communication

The Welfare and Compliance Service will be responsible for ensuring that the support plan is communicated with appropriate staff – including programme convener personal tutor and facilities staff for health and safety matters. The agreement with whom to share the information will need to be discussed with the student. The student will be responsible for communicating any ongoing difficulties with academic work to module conveners and completing mitigations circumstance forms as appropriate.

Communication - attendance

The student will be responsible for reporting any absences in the usual manner to the Attendance Team. It is important as far as possible to maintain a good level of attendance. If the student is unable to do this because of complications arising from pregnancy, a period of study leave may be recommended. If there are difficulties with ante-natal appointments clashing with classes, the student may approach the Welfare and Compliance Service who will help them to re-schedule appointments where necessary.

Stage 7 academic regulations

If the support plan requests any significant adjustments to teaching, learning and assessment for the student, the programme convener will be responsible for checking this against University regulations, including reporting the decision back to the Welfare and Compliance Service and the student.

Stage 8 ongoing review

The Welfare and Compliance Service will co-ordinate any ongoing requirements as the pregnancy progresses. This will include a discussion with the student prior to her maternity leave to agree communication protocols during this period and set dates where possible for support discussions prior to re-joining the course after the birth.

Dependent on the circumstances of the birth, the Welfare and Compliance Service will meet with the student to determine whether medical evidence on fitness to return to study will be required. For normal and uncomplicated births, 2 weeks is the minimum period of time that a student must take a maternity absence. In all cases the Welfare and Compliance Service will meet with returning students to check on general well-being and review arrangements for the protected maternity period of up to 26 weeks after the birth.

Paternity Leave

Students who wish to take paternity-related absence, are asked to inform their personal tutor, a member programme convenor or the Welfare and Compliance Service of their partner's pregnancy, at least 15 weeks before the baby is due. Early notification is encouraged as partners may need to attend antenatal appointments, and have to miss classes to do so. Exams & coursework - Students who are required to submit or attend an assessment while their partner is in labour or during their paternity-related absence, should be made aware of the University's mitigating circumstances policy. Paternity leave is allowed for two weeks following the birthdate.

Pregnancy support plan

This form aims to guide discussions with students during pregnancy and maternity. It should be completed and agreed with them and over a period of time. It is recommended that the form should be reviewed at key stages –

16 weeks pregnant

24 weeks pregnant

Prior to return to study (at least 2 weeks following birth)

It is also recommended that the plan is reviewed if there are any changes in the students' circumstances, or if an aspect of academic study is likely to impact on her (e.g. a field trip).

PREGNANCY RISK ASSESSMENT

Name	Student number
Course Address Telephone Emergency contact name and number Relationship to student	Year
Students due date	
Where is baby to be born? Are there any airline/travel restrictions in place? Has visa compliance been checked?	
Staff to be informed of pregnancy (Names or roles)	
Health and safety risk assessment (please attach a copy)	Completed date Person responsible for implementing recommendations
Rest facilities identified for student use?	Details
Dates/times of ante-natal appointments Do these appointments affect the students study Any pregnancy related absences/extenuating circumstances likely?	
Arrangements for catching up with missed work	
Learning and assessment support	E.g. extra time in exams (rest breaks), occasional extensions for coursework, rest breaks in lectures, able to attend flexibly?
Assessments – is the student likely to miss any assessments/ exams?	

Arrangements for incomplete assessments (if any)	
How much maternity related absence does the student intend to take	
UK students – financial advice	Implications for Student Finance England funding, access to benefits etc.
Intended maternity leave start date Intended return date Visa compliance (has this been checked)?	
Impact on module completion	
Arrangements for module completion	
Return to study arrangements	Meetings to schedule
Any other information	
Review date	
Agreed by student	I understand that the University will endeavor to implement this support plan, however some visa adjustments will be subject to university approval. I also understand that I may be subject to visa compliance regulations. Signature Date
Staff signature QAHE	

New and Expectant Mothers Risk Assessment Form

Course	
New / Expectant Mother's Name:	
Expected due date (expectant mothers) :	

Hazard Identification: The table below sets out some hazards which may be relevant to new or expectant mothers studying at QAHE. Evaluate the hazards involved in the activities and note whether the risk is low / medium / high. The control measures which are generically required have been specified in the table, however it is important that you discuss with the student and identify any further measures required. You will also need to take into account factors relevant to the individual, and the risk assessment(s) will require to be reviewed and monitored on a regular basis as the pregnancy progresses.

Hazard(s)	Risk L/M/H	Control Measures (i.e., alternative work methods / mechanical aids / engineering controls, etc.)	Risk after Control L/M/H
Work with display screen equipment (DSE)		Sitting for long periods of time should be avoided - more frequent breaks from the computer should be considered. Ensure adequate space to move around the classroom especially as the pregnancy develops.	
Continuous standing / sitting		Standing or sitting for long periods of time should be avoided especially as the pregnancy progresses.	
Exams		Will the student require extra time to move about during an exam?	
Travel		Foreign travel may require doctor's certification. Foreign travel after 36 weeks is generally restricted – check with travel agent and/or travel insurance policy.	
Discomfort / Stress / Fatigue		Consider more frequent / longer rest breaks where appropriate. Minimise exposure to very high / low temperatures. As the expectant mother increases in size consideration will require to be given to <ul style="list-style-type: none"> a. work in awkward or confined areas b. mobility issues such as emergency evacuation in the later stages of pregnancy. 	

		Identify suitable private location for new / expectant mothers to rest and / or express milk.	
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**Continue on separate sheet if necessary*

Additional Information: Identify any additional information relevant to the work, including special emergency procedures, requirement for health surveillance etc.

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Assessment carried out by:

Name:		Date:	
Signature:		Review Date:	

QAHE Fitness to Study Policy

Prepared by: Head of Welfare & Compliance

Date: March 2017

Issue: V1.0

1. Purpose and Scope

- 1.1 Whilst studying at QA Higher Education (QAHE) all students should be able to study and perform to the best of their ability, in a safe and comfortable environment. The reality of campus study means that students not only work but also often live in close proximity to each other. While many students find studying and living in such an environment manageable and enjoyable, others can find it more challenging.
- 1.2 In order to maintain and enhance the learning community, students need to conform to certain standards of behaviour, and the QAHE has Student Disciplinary Regulations in place to manage situations that involve students whose behaviour falls outside these standards. However, it is recognised that the cause of misconduct may include issues relating to a student's health and general wellbeing, where disciplinary action may not always be appropriate.
- 1.3 The term 'fitness to study' as used in this Policy and related procedure relates to the entire student experience, and not just a student's ability to engage with their studies. For example, unless it is informed otherwise, QAHE expects its students to be able to live independently and in harmony with others, and not conduct themselves in a way which has an adverse impact on those around them. This procedure is not designed to be used to address academic performance issues or with issues relating to attendance or individual mitigating circumstances.
- 1.4 Similarly, a student's fitness to study may be questioned if health problems are disrupting their own studies or the studies of others, or result in unreasonable demands/adjustments being placed on staff or other students. In addition, QAHE is bound by health and safety legislation and have a duty of care to its community therefore it is obliged to take action if a student presents a risk to themselves or to others.
- 1.5 The level of risk posed by a student will be measured by the use of a risk assessment process, which will be used throughout the procedure, to provide a consistent means of assessing the risk to the student, other individuals and the institution. This process will be led by the Head of Welfare & Compliance working in close collaboration with department staff, support staff and, if appropriate, the University.
- 1.6 As a general rule this procedure is only intended for use in cases in which the behaviour, disruption or risk presented by the student is perceived to be of a serious or potentially serious nature, particularly if the student seems unaware that their behaviour is inappropriate or unprepared to engage in a discussion on the issue. Except in unusual circumstances, the support services available to students should be used as the first port of call prior to taking any formal action.
- 1.7 QAHE reserves the right to take measures pursuant to its Student Disciplinary Regulations to deal with behaviour which is the result of physical or mental health issues, depending on the individual circumstances of the case, and in particular where a student's health or behaviour poses a risk to themselves or others or where the student fails to positively respond to more supportive interventions.
- 1.8 In order to address adverse circumstances that arise out of mental health conditions specifically such as suicide behaviour or suicide attempts, QAHE will review what is deemed a reasonable adjustment under the Equality Act on its part, where there is evidence of a formal diagnosis. QAHE will be clear about any limits of support provision, particularly where little to no progress is made in overall stability of the individual concerned. Every case is unique and QAHE will take into consideration individual student circumstances when putting reasonable adjustments in place. A number of factors may be considered to determine whether an adjustment under the Equality Act is reasonable:

- The size of the QAHE Centre and resources available
- The extent to which it is practicable for QAHE to make the adjustment
- The cost and availability of resources including external assistance and finance, grants or loans available to students, cost of making the adjustment
- The extent to which making the adjustment would disrupt QAHE's activities
- The effect of the disability on the student
- The effectiveness of the adjustment in preventing disadvantage
- The need to maintain academic standards
- The extent to which aids or services will otherwise be provided to disabled people or students
- Health and safety requirements
- The relevant interests of other people including other students

1.9 The Fitness to Study procedure has three stages. Depending upon the perceived severity of the situation and seriousness of any perceived risks, *action may be initiated at any of the three levels.*

2. Definitions and Triggers for use of Fitness to Study Procedure

2.1 A student's fitness to study may be brought into question for many reasons and in a wide range of circumstances. These include (but are not restricted to) the following:

Student Welfare & recommendation

- Serious concerns about the student emerge from a third party that indicates that there is a need to question their fitness to study.
- The student's disposition is such that it indicates that there may be a condition which is having a significant adverse impact on their health or which causes them to have difficulty making adjustments of a reasonable nature.
- The student exhibits behaviour, which would otherwise be dealt with as a disciplinary matter, but which it is considered may be the result of an underlying physical or mental health problem.

2.2 In all cases, the student's Personal Tutor, Programme Convenor or Welfare and Compliance Service should be notified so that relevant parties are aware of the situation and can provide any necessary support.

3. Process

- 3.1 There are three stages of the process that are designed to support the student and provide every opportunity for engagement with QAHE's services to address concerns in order to progress. See Appendix 1 for detail. These stages range from initial informal contact with a student presenting behaviour of concern, to a formal panel that makes a decision on whether or not a student may continue to study. At each stage the student is encouraged to participate fully and student representations will be taken seriously and recorded.
- 3.2 Relevant staff will be involved in each stage of the process with the Head of Welfare & Compliance acting as a constant presence throughout. Each student will be treated as an individual and QAHE may take action as it sees fit at any of the three stages of the process.
- 3.3 Should a student be suspended as a result of a recommendation from the Formal Review Panel a date for returning to study will be agreed. Positive evidence of ability to return to study will be required close to the agreed date for QAHE to consider.

- 3.4 QAHE will take account of relevant legislation such as the Data Protection Act, the Mental Health Act, the Human Rights Act, the Disability Discrimination Act and the general rights and expectations of a student of confidentiality. In cases where Stages 2 or 3 of the Fitness to Study Procedure have been invoked, the Chair will make a decision about whether the student's emergency contact/next of kin should be informed, and discuss with the student whether any statutory services should be contacted.
- 3.5 QAHE acknowledges that as a result of implementing this policy it will receive personal sensitive data and data of a confidential nature pertaining to the student and other third parties, and shall ensure that all such data is handled, processed and stored accordingly.

4. Right to Appeal

- 4.1 A student who wishes to appeal against a decision to suspend or exclude them may do so in writing to The Deputy University Secretary.

5. Appendices

Appendix 1

Stage 1 – Initial Action

- 5.1.1 Should any previous action have proved unsuccessful, for example an interruption of studies, a member of staff should approach the student and explain to them, in a supportive and understanding manner, that concerns about their fitness to study have emerged. This would ordinarily be a member of staff within the academic department with primary responsibility and /or knowledge of the student concerned (e.g. their Personal Tutor or Programme Convenor) together with the Student Welfare team. In all cases the respective Student Welfare Officer should be notified of the concern in order to ensure that a risk assessment is completed and that appropriate support is in place. Should a member of staff require advice or guidance on this they should contact the Head of Welfare & Compliance.
- 5.1.2 The student should be made aware of the precise nature of the behaviour that has caused these concerns to be raised, including, if appropriate, reference to the level of perceived risk presented by the student as measured by the risk assessment process. The member of staff will attempt to resolve the matter through discussions with the student. The student should be given the opportunity to explain their own views on the matter, and be encouraged to think about using one or more of the support services offered by QAHE or those available externally. It may also be appropriate to look into the possibility of making special arrangements to enable the student to study effectively.
- 5.1.3 It is hoped that in most cases issues can be resolved at this level, and that students will respond positively, co-operating fully with the process and taking advantage of the support available.
- 5.1.4 A review period of three weeks should be determined as part of the risk assessment (if possible by agreement between the member of staff and the student) to allow the student to consider their own behaviour and seek guidance from the support services available. At the end of this period a meeting should be held to discuss any steps taken by the student to address the concerns. If the concerns have been addressed satisfactorily, this will be noted. If, however, the concerns have not been addressed, a further review period may be agreed, or the case will move to the next stage of the procedure. Addressing concerns at a satisfactory level will include demonstrating engagement with the process and also showing signs of progress.
- 5.1.5 The informal discussions, advice and any undertakings made by QAHE and / or the student should be documented for the benefit of both QAHE and the student. The Head of Welfare & Compliance should have access to the notes in order to update risk assessments and ensure that all follow-up procedures are in place.
- 5.1.6 If a student is unable to cooperate with the above process or modify their behaviour, they should be informed that more formal action under Stage 2 of this policy may be considered appropriate.
- 5.1.7 If a student does not demonstrate the mental capacity to engage with the process, the Fitness to Study procedures will enable QAHE to temporarily suspend the student's studies until the student is deemed fit enough to attend a Fitness to Study meeting. The Head of Welfare & Compliance will assess the risk and advise if the student is unable to engage due to mental health difficulty, for example, psychosis – where their capacity to contribute fully and make informed decisions is compromised.

5.1.8 If a Student is at serious risk of harming self or others immediate suspension may be enforced until Fitness to Study process can be activated.

Stage 2 – Case Review Group

5.1.7 If the action taken under Stage 1 has not been successful, or it is felt that the case is too serious to be dealt with informally, Stage 2 of the policy can be invoked. A meeting of a Case Review Group shall be convened by the Programme Convenor. The group will comprise of appropriate representatives of the student's academic department and Student Welfare. Regardless of who makes up the Case Review Group, the Programme Convenor should be alerted to the activation of Stage 2. A risk assessment conducted by the Student Welfare team must be completed prior to embarking on this stage.

5.1.8 Before the meeting, a medical assessment may be sought. The student will be encouraged to consent to this, as it will ultimately enable QAHE to address the student's difficulties in the most effective manner possible, and make an accurate assessment of risk. The medical assessment will be used to determine the following matters:-

- the nature and extent of any medical condition from which the student may be suffering;
- their prognosis;
- the extent to which it may affect his/her fitness to study and manage the demands of student life;
- any impact it may have or risk it may pose to others;
- whether any additional steps should be taken by QAHE in light of the medical condition to enable the student to study effectively;
- whether the student will be receiving any ongoing medical treatment or support.

5.1.9 The student will be asked to authorise full disclosure to QAHE of the results of any examination. QAHE recognises that any such information disclosed will constitute "sensitive data" for the purposes of the Data Protection Act 1998 and will be handled, processed and stored accordingly. Should the student refuse to undertake a medical examination or share this information with QAHE, we may either continue this policy based on the information already in its possession, or use another appropriate means to address the issue.

5.1.10 The student will be given at least 7 days notice of the Case Review Group and informed of the purpose of the meeting. They will also be provided with any documents which will be considered by the Group, and asked to provide any documentation they may wish the Group to consider within 48 hours of the meeting.

5.1.11 The student may be accompanied at the meeting by a fellow student, or other member of staff within QAHE. Disabled students may also be accompanied by a support worker if required.

5.1.12 The purpose of the meeting will be:

- to make the student aware of the nature of the concerns that have been raised,
- to hear and consider the student's views,
- to agree the best way to proceed,
- to ensure that the student is fully aware of the possible outcomes if difficulties remain.

5.1.13 The Case Review Group will order its proceedings at its own discretion and may invite other staff or students to attend, including respective support staff working with the student, and institute enquiries to assist its deliberations. The Case Review Group will request the risk assessment conducted by the Head of Welfare & Compliance and includes impact on student(s) and staff. If the student is unwilling to engage with the process or does not attend

the initial meeting, action can be taken in the absence of the student. Minutes must be taken and stored securely within QAHE.

5.1.14 The Case Review Group may decide:

- That no further action is required;
- To formally monitor the student's progress for a specified period of time. In this case an action plan will be agreed with the student, outlining any steps which the student will need to take and/or any support to be provided to the student to address the concerns identified. Regular review meetings with the student will need to be arranged with a nominated member of staff (to ensure that the action plan is being appropriately followed and/or that reasonable support to enable the student to study effectively is being provided). The student will also need to be informed of the consequences of any breaches of the action plan, which will normally involve their fitness to study being considered at Stage 3;
- To recommend part-time study (where appropriate and available) or that special academic arrangements be put in place. Such recommendations would need to be agreed by the student's department and by the student and appropriately processed. The student should also be advised to seek guidance regarding the possible financial implications of moving to part-time study before agreeing to this change. The student will be informed that unless these arrangements remedy the concerns to QAHE's satisfaction, their fitness to study may be considered at Stage 3;
- With the consent of the student, to agree that their studies be suspended for a mutually agreed period of time;
- To refer the case to the University Secretary to be considered under Stage 3 of this procedure. This will only be appropriate in the most serious of cases, where for example evidence of a serious risk to either the health and safety of the student or others has been identified, and it is thought that suspension, exclusion or expulsion of the student may be the appropriate course of action, or where a particular course of action has been recommended (such as part-time study or suspending a placement) but the student does not agree.

5.1.15 The decision of the Case Review Group, together with a concise record of the meeting, should be sent to the student within 7 working days from the date of the meeting, and a copy kept on the student's personal file within Student Welfare and a copy made available to the Director of Operations and Associate Dean (University of Roehampton Programmes).

Stage 3 – Formal Review Panel

5.1.16 This stage of the procedure will only be implemented following a referral from a Stage 2 Case Review Group, or if in the opinion of the University Secretary (having consulted as appropriate) initial concerns are raised which are sufficiently serious as to warrant the consideration of the student's interruption/suspension, exclusion or expulsion (e.g. if they pose a potential threat to the health and safety of themselves or others, or disruption to the working of the institution).

5.1.17 Pending the hearing by the Review Panel, the University Secretary shall consider whether interim suspension of the student pending further action is appropriate.

5.1.18 The University Secretary, in consultation with the Deputy Vice-Chancellor, shall then convene a Review Panel which shall be chaired by the Deputy Vice-Chancellor or nominee. This will normally comprise the Deputy Vice-Chancellor, the Head of Department, the Director of Student Experience and a member of Senate. If judged appropriate, the

University Secretary or the University's Legal Adviser may also be in attendance and may request attendance from QAHE staff.

- 5.1.19 The University Secretary's Office will fix a date for a formal meeting of the Formal Review Panel to hear the case and invite the student to attend to discuss the concerns and all relevant issues. A member of the University Secretary's Office will act as Secretary to the Panel.
- 5.1.20 Wherever possible the student will be given at least 7 days notice of the meeting of the Formal Review Panel. The purpose of the hearing will be explained and any documents to be considered at the meeting will be provided.
- 5.1.21 The student may be accompanied at the meeting by a Students' Union representative, a fellow student or other supporter. Disabled students may also be accompanied by a support worker where required.
- 5.1.22 The purpose of the meeting will be to consider the evidence available, including the student's perception of these concerns and to reach an appropriate decision, action plan or other outcome.
- 5.1.23 The Formal Review Panel will order its proceedings at its discretion and may call witnesses and institute enquiries to assist its deliberations, including QAHE staff working with the student, which may include requesting further medical assessments of the student's fitness to study. It will also consider an updated risk assessment where appropriate.
- 5.1.24 The decision it arrives at shall be made by the Deputy Vice-Chancellor or nominee, having received the advice of other members of the panel.
- 5.1.25 The student shall be notified of the decision within 7 working days of the meeting of the Formal Review Panel. This may include one or more of the following:
- To formally monitor the student's progress for a specified period of time. In this case the Panel will provide the student with an agreed action plan, outlining any steps which the student will need to take and/or any support to be provided to the student to address the concerns identified.
 - Regular review meetings with the student will need to be arranged with a nominated member of staff (to ensure that the action plan is being appropriately followed and/or that reasonable support to enable the student to study effectively is being provided). The student will also need to be informed of the consequences of any breaches of the action plan.
 - That, following consultation with the academic department, the student should convert from full-time to part-time study with support; special academic arrangements are put in place; or an interruption/suspension of studies occurs. The student should be advised to seek guidance regarding the implications of such a measure. The student will be informed of the consequences should these arrangements fail to remedy the concerns identified to the University's & QAHE's satisfaction.
 - To recommend that the Deputy Vice-Chancellor exercises their statutory power to suspend or exclude the student.
 - To refer the case to the Senate with a recommendation that Senate should exercise its statutory power to expel the student from the University.
 - Any other action considered to be appropriate and proportionate.
- 5.1.26 Statistics of all Fitness to Study outcomes will be reported to Senate for monitoring purposes.

Fitness to Study Flowchart



Appendix 2

Return to Study

- 5.2.1 After a period of suspension on health grounds reached by mutual consent, the decision as to whether to permit the student to return to study will be made by the Programme Convenor, having taken advice from the Head of Welfare & Compliance.
- 5.2.2 To this end, the Head of Welfare & Compliance, in consultation with the Programme Convenor, will identify the issues of concern QAHE has in respect of the student's fitness to study. The Head of Welfare & Compliance will contact the relevant medical professional for an assessment of the student's ability to manage the demands of studying at QAHE, drawing attention to nature and extent of the student's previous problems and the QAHE's concerns about them.
- 5.2.3 Students will only be permitted to return if, after receiving medical advice, QAHE is satisfied that the individual is fit to study and able to comply with any conditions imposed on their return.
- 5.2.4 For suspensions made by the Deputy Vice-Chancellor, the same medical evidence will normally be required to inform the Deputy Vice-Chancellor in deciding if the suspension may be lifted.
- 5.2.5 In cases where QAHE has any continuing concerns about the individual's wellbeing/ fitness to study, a medical examination will be required in order to properly evaluate the student's current state and provide a second medical opinion. If this is the case, QAHE will nominate a doctor/specialist and cover the cost.
- 5.2.6 In any case where a student returns to study following the implementation of the fitness to study procedure, QAHE may decide that there should be regular review meetings with the student that can be used to monitor and support a return to study plan. If so, the student must provide their continued co-operation in this respect and such review meetings may continue for part or all of their remaining time at QAHE.

Appendix 3 – Templates for letters

Dear (name),

We have concerns for your welfare and we have arranged a meeting to assess your fitness to study in order to discuss how to best support you during this time.

A Fitness to Study meeting has been arranged for (time) on (date). The meeting will take place (location). Attending this meeting is very important as it will enable us to determine how to best support you at this point of your academic progression. If you do not attend, there is a possibility that we may consider an alternative arrangement until we can ensure that you are safe.

You are entitled to bring somebody with you to the meeting.

Please confirm your attendance by responding to this email. If the proposed time clashes with lectures or a medical appointment, please contact me to arrange an alternative time.

Kind regards,

Name

Dear (Name)

Thank you for attending the meeting today.

To summarise the Fitness to Study follow-up meeting that we just had:

- You have been feeling low and at risk
- You have been able to use your self-management plan and engage with our support to help you
- You are concerned about your difficulties impacting your academic progression

We outlined the following expectations of you and put a plan in place to support you:

- You will make an appointment with your GP to discuss external support options
- You will also discuss changing the medication that you are currently taking
- You will continue to engage with Welfare and Compliance team
- You will meet with your Personal Tutor to establish a plan going forward

We have arranged a follow up meeting which will take place on (date and time) at (location).

Kind regards,

Name

QAHE Admissions Policy

Prepared by: Head of Admissions

Date: July 2017

Issue: V1.0

QAHE are responsible for admissions process which is conducted in accordance with the University of Roehampton Admissions policy

ADMISSIONS POLICY FOR TAUGHT DEGREE PROGRAMMES

1. Introduction

This policy sets out the principles and processes applied by the University of Roehampton (the “University”) in the selection and admission of students to postgraduate and undergraduate taught courses at the University and QAHE.

This policy is reviewed annually by the admissions team from the University of Roehampton.

2. Principles

The University believes that education can fundamentally transform lives and communities and therefore encourages applications from all prospective students whatever their background, with the potential to do well at University.

We are committed to:

- minimising barriers to higher education which applicants may face, and creating a balanced and diverse student body in keeping with our Fair Access Agreement with the Office for Fair Access;
- eliminating discrimination, promoting diversity and equality of opportunity in our practices, policies and procedures, and ensuring that our admissions process is fair and equitable, and consistent with our Student Equality & Diversity Policy and other relevant policies such as our Disability Policy;
- using reliable selection methods in order to admit students with the potential to do well on their chosen course of study, as judged by their achievements and potential;
- using admissions practices that are consistent, transparent and fair; and
- providing accurate and easily understood information to applicants in accessible formats.

3. Selection Process

Applications to undergraduate degrees delivered by QAHE should be made directly to QAHE.

Admissions decisions are made on the basis of the applicant’s past and predicted academic performance. Details of the admissions criteria for individual courses are published on the University’s website which is updated annually.

All students that are applying with QAHE are required to complete an interview and relevant English and Mathematics assessments (where applicable). Only those applicants who meet minimum criteria on the basis of their initial application are invited to attend an interview or audition.

We receive several applications for each available place on many of our courses and are therefore unable to offer places to all applicants who meet our advertised entry criteria.

We require evidence of all relevant qualifications that are detailed on the application form and will contact applicants or make it a condition of an offer to request this information at any point during the application cycle.

3.1 Consideration of Mitigating Circumstances and Contextual Data

In assessing applications, QAHE will consider verified mitigating circumstances (that is, circumstances beyond an applicant's control such as illness or bereavement which have had a detrimental effect on their previous academic performance/attainment) of which it has been notified by an applicant. In relevant cases, we may offer a place to such an individual if we consider that they have the potential to do well at the University. These applications will be referred to the University for a final decision. The University and QAHE do consider contextual information relating to applicants' achievement and/or potential in its selection process.

3.2 Accuracy and Completeness of Applicant Information

Admissions decisions are made in good faith on the basis of the information that is submitted in the application. QAHE and the University may withdraw an offer at any stage from an applicant who has made false statements or omitted significant information in his/her application.

If an application does not contain enough information, we will give the applicant an opportunity to provide the missing information before making an admissions decision. Otherwise we may make an offer conditional on the applicant providing the missing information. Once a decision is made on an application, QAHE and the University will only consider additional information at its discretion.

QAHE and the University reserves the right to withdraw offers if applicants are found to have submitted fraudulent information on their application form.

4. **Additional Applicant Information**

4.1 Disabled Applicants and applicants with additional support needs

QAHE and the University welcomes applications from individuals who are disabled, have a long term medical or mental health condition or a specific learning difference such as dyslexia and aims to support such individuals before and after applying to QAHE. Information on possible support is available from the QAHE Student Welfare team.

Applicants are invited to declare a disability on their application forms so that any reasonable adjustments or support requirements can be discussed as early as possible.

Please note that simply declaring a disability on your application form will not automatically mean that support can be provided.

The QAHE Student Welfare team will make contact with disabled applicants to provide information on services and request up to date medical or diagnostic evidence. This will be used to make an assessment of disability-related needs, recommend reasonable adjustments under the Equality Act (2010) and advise on any further action required. In some cases the adjustments identified may be complex, in which case a panel will convene to evaluate the reasonableness of these adjustments. Often the adjustments will be straightforward, however on occasion adjustments may be deemed to be unreasonable or cannot be implemented in the timeframes available. In such circumstance the University and QAHE may need to withdraw or defer its offer.

All applications are considered based on the applicants' academic merit and potential for their chosen programmes in the first instance. We do not take information disclosed regarding an applicant's disability or condition into account when making a decision on their admission. Information on services, supports and adjustments for disabled students is provided to assist applicants with their decision to accept an offer made by the University.

Please note that failure to disclose a disability on application may delay arrangements for support or limit our ability to make any reasonable adjustments.

4.2 Applicants with Non-Standard Qualifications

QAHE will consider the non-standard qualifications or the work or life experience of applicants with no formal qualifications on an individual basis and with regard to the principles of this Policy. This will be in relation to the academic and other relevant requirements of their chosen programmes of study. These applicants may require an Academic Interview.

4.3 Applicants who are Under 18 years

Students must be 17 at least 1 month before the start date. Individuals who join QAHE before they have reached the age of 18 are admitted under QAHE's Safeguarding Policy.

4.4 International Applicants

Are not currently considered for programmes that are not delivered from the main University campus:

University of Roehampton
Roehampton Lane
London
SW15 5JP

4.5 Applicants Seeking Credit Transfer

We accept applications for credit transfer into year two, and exceptionally year three, of many of our courses. Applicants should contact us before applying to check that their chosen course of study is accepting applications for direct entry.

Where applicants have completed certain approved courses at recognised providers, admissions decisions are made in the same way as those for entry into the first year. Where applicants have completed other courses, or have achieved academic credit which could count towards a course of study at the University, admissions decisions are made by academic staff on the basis of the applicant's past and predicted academic performance, personal statement and references.

Regulations regarding credit transfer are set out in the University's [Taught Degree Regulations](#).

We do not consider applications for exemption from part of a year of study on undergraduate courses.

4.6 Applicants with Criminal Convictions

Applicants are required to disclose unspent convictions on their application forms these will be referred to the University.

QAHE and the University are committed to the fair treatment of all applicants and having a criminal record will not necessarily bar an applicant from gaining admission to the University. However, QAHE and the University recognises its duty to protect its students, staff and others within its community

and reserves the right, to exclude an individual from a course of study or from the University where their attendance would pose a real threat to the safety or property of staff, students, visitors, those coming into contact with the applicant during their studies, or others involved in University business; or would be contrary to the law or the requirements of any relevant professional, statutory or regulatory body.

4.7 Applicants Seeking Deferred Entry

Undergraduate degree applicants are permitted to apply for deferred entry when they first apply to the University or by writing to the QAHE Admissions Office after an offer has been made to them.

Any conditions that are attached to an offer for deferred entry must be fulfilled within the relevant date for the intake the applicant wish to defer to.

Conditional offers cannot be deferred and entry cannot be deferred for more than one year.

5. **Communication of Admission Decisions**

Admissions decisions are communicated to the applicant through the QAHE application system, listing any conditions of offer. Invitations to attend an interview are communicated directly to the applicant via email. QAHE writes directly to applicants who are offered a place. Any conditions that are attached to an offer must be fulfilled by the last date of application for the relevant intake. All offers are subject to the University's general entrance requirements – please see undergraduate entry requirements or postgraduate entry requirements as applicable.

To ensure confidentiality, we correspond directly with applicants only, unless they provide us with written consent to discuss the details of their application with another suitable party.

We provide unsuccessful applicants with the reasons for our decision. Individuals who require further information can contact the QAHE Admissions Office directly.

6. **Availability of Courses**

The University aims to ensure that the information it provides is accurate when published. We may however occasionally need to make changes to the courses we offer, including the discontinuation of courses. In such an event, we will contact affected applicants as soon as possible and will also suggest alternative arrangements where possible. Applicants will be entitled to withdraw their applications and any deposits and fees already paid to the University will be refunded in full.

The current list of available courses is published on QAHE and the University's website and on the UCAS website. Applicants should refer to QAHE and the University website for the most-up-to-date information about courses.

7. **Applicant Data**

All data provided by applicants in their applications is processed by the University in accordance with the Data Protection Act and with the University's Data Protection Policy.

Such data is used primarily for the purpose of processing applications and becomes part of an applicant's student record, where that applicant is admitted as a student of the University.

Anonymised and aggregated applicant data are analysed by the University for such purposes as institutional and statutory monitoring and enrolment planning.

8. Cancellation of acceptance of an offer

The University's admissions process is subject to the Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013.

Applicants who have accepted an offer of a place have 14 days from the day after acceptance of an offer, to change their minds. An applicant who wishes to cancel his/her acceptance should inform the QAHE Admissions Office of their desire to do so in writing.

Applicants required to pay a deposit, have 14 days from the point of paying the deposit to change their mind.

9. Appeals against Admissions Decisions

Generally, admissions decisions are final and QAHE and the University will consider appeals from applicants only on the grounds that the admission decision has not been reached in accordance with the University's published admissions criteria or and the principles set out in this Policy. Applicants who want more information on an unsuccessful application, or who think that an admissions decision may have been based on inaccurate or incomplete information, should contact QAHE Admissions Office.

10. Complaints

QAHE is committed to providing an efficient and fair admissions service. In the event that you wish to make a formal complaint, please contact the Head of Admissions writing within 14 days of the date of your application outcome. Correspondence should be sent to:

Head of Admissions,
QAHE
10 Rosebery Avenue
London
EC1R 4TF

Complaints will only be considered if clearly based on one or both of the following grounds:

- There were procedural irregularities in the way that the application was handled by the University which are sufficient to cast reasonable doubt on the overall fairness of the outcome;
- There is evidence of prejudice or bias by any individual involved in making the admissions decision which is sufficient to cast reasonable doubt on the overall fairness of the outcome.

If a complaint is upheld, Admissions will take appropriate remedial action as soon as possible. Otherwise reasons for our decision not to pursue or uphold the complaint will be provided. We aim to provide at least an initial response to any formal complaint within two weeks of receipt of a complaint.

The decision on the complaint made by the Head of Admissions is final.

QAHE Student Attendance and Engagement Policy

Prepared by: Head of Registry

Date: August 2018

Issue: V1.2

QAHE Student Attendance & Engagement Policy – University of Roehampton Programmes

Introduction

The Student Attendance Policy has been developed as part of QA Higher Education's (QAHE) commitment to providing a supportive learning environment to enable students to achieve their full potential. This policy outlines attendance and engagement requirements for students and also aims to provide clarity for both students and staff on these matters. Attendance is a key component in student retention and progression and in our experience regular attendance and engagement is closely linked to improved academic achievement. QAHE will take account of relevant legislation such as the Mental Health Act and the Equality Act and the general rights and expectations of a student of confidentiality

The QAHE Attendance and Engagement Policy requires that enrolled students:

- 1 Are punctual and regular in their attendance and engage at such classes or other forms of instruction as may be prescribed, this includes where attendance has been requested at meetings or appointments. Attendance and or engagement will be regarded as unsatisfactory in any or all of the following circumstances:
 - Attendance is below 100% without sufficient reasoning during the first two weeks of the course
 - Attendance falls below 75% in any semester
 - Non-attendance for a period of two consecutive weeks
 - Failure to attend pre-notified appointments/meetings
- 2 Students shall ensure they are available to attend their programme of study and may be required to attend additional sessions outside of scheduled classes.
- 3 A student who has been, or will be absent must notify the Attendance Team by emailing qahe.attendance@qa.com. Where the absence is for a period of more than five working days, and/or caused by illness which may affect the student's studies, the student shall arrange for a medical certificate (or other appropriate evidence) to be presented and submitted to the [Attendance Team](#). Records of this communication will be recorded on the student's record for review and may be taken into consideration at any time.
- 4 Students may apply for permission to interrupt his/her studies on personal grounds in line with the relevant regulations which can be found in the Roehampton University Taught Degree Regulations.
- 5 A student may withdraw from his/her programme of study and the University at any time by submitting a withdrawal from to QAHE Registry.
- 6 Evidence of engagement on the programme will not be restricted to satisfactory attendance. Non submission of assessments or non-attendance at examinations, where there are no supporting mitigating circumstances may result in withdrawal.

What happens when attendance or engagement levels become unsatisfactory?

Before making a decision as to whether a student's attendance is deemed unsatisfactory, the Registry department will liaise with the relevant QAHE departments to identify any mitigating circumstances that may have affected a student's attendance. Where a student's attendance or engagement is unsatisfactory, one or more of the following actions may be taken by QAHE.

- a) Seek an explanation (in writing) from the Student for their non-attendance or non-engagement. Discuss how their attendance must improve and recommend appropriate support.
- b) Issue the student with a verbal or written warning including if a students' attendance falls below 75% over a specified period.
- c) Request that a student arrange and attend a meeting with a member of the academic team to discuss their continuation on the course, and agree future attendance requirements.
- d) Where applicable, inform the Student Loan Company, or other stakeholder (e.g. their employer) of the student's poor attendance.
- e) Initiate the student withdrawal process (see below) and, where applicable, inform the relevant Student Loan Company.

Student Withdrawal Process

- 1 If you fail to attend for two consecutive weeks you will receive a text message and email to your university email requesting a response (by a specific date) and to explain the reason for your absence. This is warning one.
- 2 For those students who have received Warning One - Failure to attend for a third consecutive week, or to respond to warning one will result in a final warning letter requiring you to arrange a meeting with a nominated academic representative. This is warning two.
- 3 Failure to respond to warning two, or failing to arrange a meeting within the specified timeframe will result in a confirmation of withdrawal letter being sent. At this stage your registration with the University will be terminated. Students do have the right to appeal, and must do so in writing within fourteen days of receipt of the confirmation of withdrawal letter.
- 4 In addition to the above points, continued failure to submit assessed work without explanation and/or failure to achieve 75% attendance over a semester may result in the student withdrawal process being initiated at the first warning stage.

Student Agreement

I confirm that I have read and understood the above policies and University Regulations, and will ensure they are followed in line with my obligations as a student of QA Higher Education.

Name:	
Student Number:	
Signature:	
Date:	

QAHE Campus Code of Conduct

Prepared by: Head of Registry

Date: March 2017

Issue: V1.0

Introduction

As members of QA Higher Education's (QAHE) diverse community, all students are expected to be familiar with this code and to conduct themselves with due regard to QAHE's objectives; its good name and reputation; and the rights of others.

The Campus Code of Conduct provides a framework, underpinned by and linked to the Student Disciplinary Regulations, through which members of the QA Higher Education community can work together to create a positive environment. We hope that by following the Code of Conduct and understanding the reasons behind it, students will be able to make the most of their learning experience.

What students can expect from staff:

- That we will work with you to help you develop your learning skills, recognising that this is an ongoing process.
- That we will support you, both academically and personally, to help you complete your studies.
- That we will provide you with constructive and timely feedback.
- That the teaching you receive will be evaluated and that we will review our courses and services taking account of students with a view to enhancing the quality of our provision.

Guiding Principles Regarding Good Conduct

What we expect from our students:

- That you will take responsibility for your own learning, attend regularly and punctually and hand in work on time.
- That you will comply with any requests to provide feedback through the completion of surveys and providing comments to help us enhance our courses and services.
- That you will behave responsibly and respect other students, staff and the local community both on and off campus.
- That you will familiarise yourself with QA Higher Education's & the University of Roehampton's rules, policies and regulations.
- That you will pay all fees and charges due when required and that you settle any outstanding debts prior to graduating.
- That you will not behave in any way which may be considered threatening or disruptive, or being likely to lead to injury or physical or emotional harm to any of its students or staff.

Guiding Principles Regarding Misconduct

QA Higher Education considers the following inappropriate conduct to constitute misconduct that is likely to lead to disciplinary proceedings. The list should not be considered to be exhaustive.

- Failure to respect the rights of others to freedom of belief, orientation or practices, or freedom of speech.
- Violent, disorderly, threatening, bullying, or offensive behaviour or language whilst on QA Higher Education premises, engaged in related activity or using QAHE/University computers or email accounts.
- Serious acts of fraud, deceit, deception or dishonesty in relation to QA Higher Education or their staff and students or the University.

- Any action likely to cause significant injury or impairment of safety on QA Higher Education or University premises.
- Bringing, using or distributing prohibited drugs, alcohol, or illegal substances into the campus, or within the immediate vicinity of QA Higher Education.
- Any action likely to bring QA Higher Education or the University into disrepute.
- Harassment of any kind towards a student, member of staff or authorised visitor to QA Higher Education by any means including cyber-bullying or cyber-harassment.
- Any interference with fire detectors, fire alarms or fire extinguishing equipment.
- Serious damage to, or defacement of, QA Higher Education property.
- Serious misuse or unauthorised use of QA Higher Education/University premises and property, including computer misuse.

Failure to comply with the Campus Code of Conduct may result in proceedings being brought under the Student Disciplinary Regulation.

Students are also advised that:

- Students must observe fire alarms and related procedures and evacuate buildings when alarms sound.
- Students must wear their ID cards at all times whilst on campus.
- Security staff are responsible to QA Higher Education for the overall safety of everyone on campus, must be obeyed, treated courteously and must not be impeded in their duties.
- Students should refrain from consumption of food and drink in lectures, seminars and meetings unless advised otherwise.
- Students bringing onto QAHE premises non-QAHE students (family members, children or friends) will only be permitted for short periods of time, for example up to thirty minutes. All visitors under 18 years of age must be accompanied at all times. Any guests must be signed in at Reception.

Lectures, Seminars & Meetings

- Students should arrive in time for the start of a lecture as late arrival is extremely disruptive to other students.
- Students must not disrupt a lecture or interfere with other students' ability to benefit from it.
- The use of mobile phones and other electronic/personal devices to take or make calls, to send or receive text messages, or to record or send images is forbidden in lectures. Special permission may be requested in exceptional circumstances.
- Taping of lectures should only take place with the agreement of the lecturer or prior authorisation.
- Whilst attending lectures, seminars or meetings students are expected to communicate with one another using English only.

Data Protection (GDPR) Policy

Prepared by: David Black

Date: May 2018

Issue: V2.0



1 Introduction

The purpose of this policy document is to communicate to users of QA systems as well as customers the approach and policies that QA adopts while processing data to ensure it complies with the requirements of the General Data Protection Regulation (GDPR). The GDPR is law, and not an optional set of guidelines – we are all responsible in our actions for ensuring that QA remains within the boundaries of the GDPR.

It is important to consider and fully understand the six principles (detailed within section 2 of this document) whenever we process data, as well as any additional specific client requested controls that may have been agreed within contractual terms.

If you are new to a customer account or are not aware of any client specific instructions, you should confirm with the relevant team leader or manager if any additional client specific controls have been agreed.

Everyone should be cognisant of the data they handle and process, from the point of consideration and awareness of the following:

- where does the data come from
- why do we need it
- does the subject know what we do with their data
- how do we process it
- do we have permission to process it
- how do we store it
- how do we secure it
- how do we ensure it is correct
- who has access to it
- how long do we retain it
- how do we dispose of it
- Do we have consent when we want to communicate with them

If, when considering the above points there are any doubts or concerns, the IT Service Desk should be contacted to gain a clear answer and understanding of the issue.

This policy document applies to all users, which include employees of QA, associates, apprentices, temporary staff, volunteers and employees of any partner organisations that are undertaking tasks (data processors) on QA's behalf.

Please refer to section 4 of this document for definitions of the terms used within this policy.

2 Data Protection Principles & Policy

The GDPR principles are defined by EU law, and managed within the UK by the Information Commissioner's Office (ICO) and form the fundamental principles of QA's policy which must be considered when handling all elements of data.

It is vital that all users understand the importance of protecting personal data and they are familiar with this policy, and that they put its security procedures into practice.

All users must ensure they are aware of the following:

- QA's duties under the GDPR and restrictions on the use of personal data, detailed within this document;
- the responsibilities of all users for protecting personal data, including the possibility that they may commit criminal offences if they deliberately try to access, or to disclose, information without authority;

- the dangers of people trying to obtain personal data by deception (for example, by pretending
- to be the person whom the information is about or by making “phishing” attacks) or by
- persuading you to alter information when you should not do so;
- any restrictions QA places on the personal use of its computers and IT systems by staff (to avoid, for example, virus infection or spam).

2.1 Lawfulness, fairness and transparency

The first GDPR principle states that “You must have a valid lawful basis in order to process personal data.”

In practice, it means that you must consider:

- **Consent:** the individual has given clear consent for you to process their personal data for a specific purpose.
- **Contract:** the processing is necessary for a contract you have to deliver service to the individual, or because they have asked you to take specific steps before entering into a contract.
- **Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations).
- **Vital interests:** the processing is necessary to protect someone’s life.
- **Public task:** the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
- **Legitimate interests:** the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual’s personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

Fairness generally requires you to be transparent – clear and open with individuals about how their information will be used. Transparency is always important, but especially so in many Marketing situations where individuals have a choice to grant or deny you their consent – and confirm whether they wish to enter into a relationship with you.

If individuals know at the outset what their information will be used for, they will be able to make an informed decision about whether to enter into a relationship or perhaps to try to renegotiate the terms of that relationship.

Assessing whether information is being processed fairly depends partly on how it is obtained. In particular, if anyone is deceived, misled or otherwise tricked when the information is obtained, then this is unlikely to be fair.

The GDPR sets a high standard for consent. But you often won’t need consent. If consent is difficult, look for a different lawful basis.

Consent means offering individuals real choice and control. Genuine consent should put individuals in charge, build trust and engagement, and enhance your reputation.

- Consent requires a positive opt-in. Don’t use pre-ticked boxes or any other method of default consent.
- Explicit consent requires a very clear and specific statement of consent.
- Keep your consent requests separate from other terms and conditions.
- Be specific and ‘granular’ so that you get separate consent for separate things. Vague or blanket consent is not enough.
- Be clear and concise.
- Name any third party controllers who will rely on the consent.
- Make it easy for people to withdraw consent and tell them how.
- Keep evidence of consent – who, when, how, and what you told people.
- Keep consent under review, and refresh it if anything changes.

- Avoid making consent to processing a precondition of a service.

Legitimate interest is the most flexible lawful basis for processing, but you cannot assume it will always be the most appropriate. It is likely to be most appropriate where you use people's data in ways they would reasonably expect and which have a minimal privacy impact, or where there is a compelling justification for the processing.

If you choose to rely on legitimate interests, you are taking on extra responsibility for considering and protecting people's rights and interests.

There are three elements to the legitimate interests basis. It helps to think of this as a three-part test. You need to:

- identify a legitimate interest;
- show that the processing is necessary to achieve it; and
- balance it against the individual's interests, rights and freedoms.

2.2 Purpose Limitation

The second GDPR principle states that data "collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes".

This means that QA must ensure that we only gather and process personal information for legitimate reasons – we cannot obtain data for one purpose and assume we can use it for any others without validating the decision and gaining the data subject's permission to do so.

In practice, the second data protection principle means that you must:

- be clear from the outset about why QA are collecting personal data and what we intend to do with each element of it;

2.3 Data Minimisation

The third GDPR principle states that data must be "adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;"

In practice, it means you must ensure that:

- QA only hold personal data about an individual that is sufficient for the purpose you are holding it for in relation to that individual; and
- We must know exactly why each element of data we gather is required and not gather more data than we actually need to complete the task.
- If there are stages in a process, you should only gather the data that you need during each stage. This is important where the future stages are not guaranteed to occur.

So you should identify the minimum amount of personal data QA need to properly fulfill the purpose. QA should hold that much information, but no more. This is part of the practice known as data minimisation.

2.4 Accuracy

The fourth GDPR principle states that data must be "accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay;"

Although this principle sounds straightforward, the law recognises that it may not be practical to double-check the accuracy of every item of personal data QA receive. So the GDPR makes special provision about the accuracy of information that individuals provide about themselves, or that is obtained from third parties.

To comply with these provisions you should:

- take reasonable steps to ensure the accuracy of any personal data you obtain;
- ensure that the source of any personal data is clear;
- carefully consider any challenges to the accuracy of information; and
- consider whether it is necessary to update the information.

2.5 Identification and Retention of data

The fifth GDPR principle states that data must be “kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals”.

GDPR does not set out any specific minimum or maximum periods for retaining personal data.

In practice, it means that QA need to:

- Ensure we can identify each data subject’s data and not mix it up with that of others.
- review the length of time QA keep each element of personal data;
- consider the purpose or purposes QA hold the information for in deciding whether (and for how long) to retain it;
- securely delete information that is no longer needed for this purpose or these purposes; and
- update, archive or securely delete information if it goes out of date or has reached the end of the retention period;
- Ensure that the data subject is aware how long we will retain their data.

2.6 Integrity and confidentiality

The sixth GDPR principle states that “processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.”.

In practice, it means QA must have appropriate security to prevent the personal data we hold being accidentally or deliberately corrupted or compromised.

In particular, QA needs to:

- design and organise our security to fit the nature of the personal data QA hold and the harm that may result from a security breach;
- be clear about who within QA is responsible for ensuring information security for each element of data we process;
- make sure QA have the right physical and technical security, backed up by robust policies and procedures and reliable, well-trained staff;
- be ready to respond to any breach of security swiftly and effectively.

There is no “one size fits all” solution to information security. The security measures that are appropriate for QA depend on each circumstance, so you should adopt a risk-based approach to deciding what level of security QA need to implement.

It is important to understand that the requirements of the GDPR go beyond the way information is stored or transmitted.

Every security measure put in place must ensure that:

- only authorised people can access, alter, disclose or destroy personal data;
- those people only act within the scope of their authority;
- if personal data is accidentally lost, altered or destroyed, it can be recovered to prevent any damage or distress to the individuals concerned;
- it is appropriate to the nature of the information in question;
- it is commensurate to the harm that might result from its improper use, or from its accidental loss or destruction.

Physical and technological security is likely to be essential, but is unlikely to be sufficient in itself. Managerial, procedural and organisational security measures are likely to be equally important in protecting personal data.

2.7 Individual Rights

GDPR requires that the rights of all data subjects are considered when processing data.

In practice this means that individual's rights are comprised of:

- The right to be informed

1. Individuals have the right to be informed about the collection and use of their personal data. This is a key transparency requirement under the GDPR.
2. You must provide individuals with information including: your purposes for processing their personal data, your retention periods for that personal data, and who it will be shared with.
3. You must provide privacy information to individuals at the time you collect their personal data from them.
4. If you obtain personal data from other sources, you must provide individuals with privacy information within a reasonable period of obtaining the data and no later than one month.
5. The information you provide to people must be concise, transparent, intelligible, easily accessible, and it must use clear and plain language.

- The right of access

1. Individuals have the right to access their personal data.
2. This is commonly referred to as subject access.
3. Individuals can make a subject access request verbally or in writing.
4. You have one month to respond to a request.
5. You cannot charge a fee to deal with a request in most circumstances.

- The right to rectification

1. The GDPR includes a right for individuals to have inaccurate personal data rectified, or completed if it is incomplete.
2. An individual can make a request for rectification verbally or in writing.
3. QA have one calendar month to respond to a request.
4. In certain circumstances QA can refuse a request for rectification.
5. This right is closely linked to the controller's obligations under the accuracy principle of the GDPR (Article (5)(1)(d)).

- The right to erasure

1. The GDPR introduces a right for individuals to have personal data erased.
2. The right to erasure is also known as 'the right to be forgotten'.
3. Individuals can make a request for erasure verbally or in writing.
4. QA have one month to respond to a request.
5. The right is not absolute and only applies in certain circumstances.
6. This right is not the only way in which the GDPR places an obligation on you to consider whether to delete personal data.

- The right to restrict processing

1. Individuals have the right to request the restriction or suppression of their personal

data.

2. This is not an absolute right and only applies in certain circumstances.
3. When processing is restricted, you are permitted to store the personal data, but not use it.
4. An individual can make a request for restriction verbally or in writing.
5. You have one calendar month to respond to a request.
6. This right has close links to the right to rectification (Article 16) and the right to object (Article 21).

- The right to data portability

1. The right to data portability allows individuals to obtain and reuse their personal data for their own purposes across different services.
2. It allows them to move, copy or transfer personal data easily from one IT environment to another in a safe and secure way, without affecting its usability.
3. Doing this enables individuals to take advantage of applications and services that can use this data to find them a better deal or help them understand their spending habits.
4. The right only applies to information an individual has provided to QA.

- The right to object

1. The GDPR gives individuals the right to object to the processing of their personal data in certain circumstances.
2. Individuals have an absolute right to stop their data being used for direct marketing.
3. In other cases where the right to object applies you may be able to continue processing if you can show that QA have a compelling reason for doing so.
4. You must tell individuals about their right to object.
5. An individual can make an objection verbally or in writing.
6. QA have one calendar month to respond to an objection.

- Rights in relation to automated decision making and profiling.

1. The GDPR has provisions on:
 1. automated individual decision-making (making a decision solely by automated means without any human involvement); and
 2. profiling (automated processing of personal data to evaluate certain things about an individual). Profiling can be part of an automated decision-making process.
2. The GDPR applies to all automated individual decision-making and profiling.
3. Article 22 of the GDPR has additional rules to protect individuals if you are carrying out solely automated decision-making that has legal or similarly significant effects on them.
4. QA can only carry out this type of decision-making where the decision is:
 1. necessary for the entry into or performance of a contract; or
 2. authorised by Union or Member state law applicable to the controller; or
 3. based on the individual's explicit consent.
5. QA must identify whether any of our processing includes automation of decisions or profiling and, if so, make sure that you:
 1. give individuals information about the processing;
 2. introduce simple ways for them to request human intervention or challenge a decision;
 3. carry out regular checks to make sure that QA's systems are working as intended.

3 InfoSec, GDPR and Policy Breach

A personal data breach can be broadly defined as a security incident that has affected the confidentiality, integrity or availability of personal data.

In short, there will be a personal data breach whenever any personal data is lost, destroyed,

corrupted or disclosed; if someone accesses the data or passes it on without proper authorisation; or if the data is made unavailable, for example, when it has been encrypted by ransomware, or accidentally lost or destroyed.

3.1 Incident Reporting

Should a breach of security, the GDPR or QA policy occur despite the measures QA have taken to secure data and other assets, it is important that QA deal with the breach quickly and effectively.

The GDPR requires that QA must also keep a record of any personal data breaches, regardless of whether QA are required to notify the Information Commissioners Office (ICO).

A data security breach can happen for a number of reasons:

- access by an unauthorised third party;
- deliberate or accidental action (or inaction) by a controller or processor;
- sending personal data to an incorrect recipient;
- computing devices containing personal data being lost or stolen;
- alteration of personal data without permission; and
- loss of availability of personal data.

Any suspected, reported or confirmed breach is logged with the IT Service desk, (0113 382 6200 or ITServiceDesk:@qa.com) who will manage the incident. The reporting person will be given a ticket number so progress and updates can be tracked.

3.2 Confirmation and Containment

The first step following a reported breach is to confirm the event and understand the asset impact – which may be data or other item compromise - as well as the set of circumstances that allowed the breach to happen. The root cause may be a process that requires revision or a technical element that requires modification.

Where the incident cannot be fully resolved immediately, the means by which the breach occurred will be isolated – thus if technical, the failing element should be disabled so that no further breaches can occur, and if caused by a process, that process must be immediately ceased.

Once the breach is contained, the element leading to the breach will be analysed and enhanced to prevent future breaches. This will often involve input from specialists across the business such as IT, HR and Legal and in some cases contact with external stakeholders, suppliers, ICO and the Police.

3.3 Assessment of on-going Risk

Once the incident is contained, we must assess the risk and consequence of the breach.

The breach will be analysed so that QA understand the type of data involved and the points below assessed:

- What type of data is involved?
- How sensitive is the data (may be financial, personal or general)?
- If data has been lost or stolen, are there any protections in place such as encryption?
- What has happened to the data?

Regardless of what happened to the data, it is important that the contents are understood so that overall risk is quantified. For example, sensitive data could mean very little to an opportunistic laptop thief whereas the loss of apparently trivial snippets of information could help a determined fraudster build up a detailed picture of other people.

The scope of the breach is also quantified so that QA understand the extent of the risk – for example, is the data limited to one person or a number of people?

The assessment also considers the possible harm that could come to those individuals as a result of the breach. This is especially important if the breach puts at risk physical safety or reputation, or financial loss or a combination of these or other aspects of their life.

3.4 Notification of Breach

The GDPR introduces a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority. You must do this within 72 hours of becoming aware of the breach, where feasible.

When a personal data breach has occurred, QA need to establish the likelihood and severity of the resulting risk to people's rights and freedoms. If it's likely that there will be a risk then QA must notify the ICO; if it's unlikely then QA does not have to report it. However, if QA decide we don't need to report the breach, we need to be able to justify this decision.

In assessing risk to rights and freedoms, it's important to focus on the potential negative consequences for individuals.

Recital 85 of the GDPR explains that:

“A personal data breach may, if not addressed in an appropriate and timely manner, result in physical, material or non-material damage to natural persons such as loss of control over their personal data or limitation of their rights, discrimination, identity theft or fraud, financial loss, unauthorised reversal of pseudonymisation, damage to reputation, loss of confidentiality of personal data protected by professional secrecy or any other significant economic or social disadvantage to the natural person concerned.”

This means that a breach can have a range of adverse effects on individuals, which include emotional distress, and physical and material damage. Some personal data breaches will not lead to risks beyond possible inconvenience to those who need the data to do their job. Other breaches can significantly affect individuals whose personal data has been compromised. You need to assess this case by case, looking at all relevant factors.

When considering notification of the breach to the ICO and affected users, QA will consider the following:

- Will the breach result in a risk to people's rights and freedoms?
- Are there any legal or contractual requirements?
- Can notification help the individual, such as requesting the user makes password changes?
- If a large number of people are affected, or there are very serious consequences, we must inform the ICO.
- Consider how notification can be appropriately made as the extent of the breach must be put in context of the risk.

As a minimum, the communication to the affected users will include a description of how and when the breach occurred and what data was involved. QA will also include details of what has already been done to respond to the risks posed by the breach. Any suggested steps that the user can take to further protect themselves following the breach will also be communicated.

When QA reports a breach to the ICO, the GDPR mandates that we must provide:

- a description of the nature of the personal data breach including, where possible:
- the categories and approximate number of individuals concerned; and
- the categories and approximate number of personal data records concerned;

- the name and contact details of the data protection officer (if your organisation has one) or other contact point where more information can be obtained;
- a description of the likely consequences of the personal data breach; and
- a description of the measures taken, or proposed to be taken, to deal with the personal data breach, including, where appropriate, the measures taken to mitigate any possible adverse effects.

The ICO recognises that it will not always be possible to investigate a breach fully within 72 hours to understand exactly what has happened and what needs to be done to mitigate it. So Article 34(4) allows you to provide the required information in phases, as long as this is done without undue further delay.

However, the ICO expect controllers to prioritise the investigation, give it adequate resources, and expedite it urgently. You must still notify the ICO of the breach when you become aware of it, and submit further information as soon as possible. If you know you won't be able to provide full details within 72 hours, it is a good idea to explain the delay to the ICO and tell them when you expect to submit more information.

The location for reporting breaches to the ICO is at <https://ico.org.uk/for-organisations/report-abreach/>

It is also important to consider data surrounding the breach, and where the data incident involves data of a parent organisation (for example, a delegate's employer) we need to review the contract and where required, notify the customer's organisation. This is required under GDPR where QA are a data processor and the customer has remained as the data controller.

The contact points will vary within each organisation – so early communication with the QA Bids team to ascertain what contractual contact points are defined and also confirm who is the Account manager for that customer within QA.

The task for communication to the customer will be confirmed on a case by case basis, but is likely to be the responsibility of the Account manager along with the incident manager.

3.5 Evaluation and response

Once the breach has been fully understood and contained, it is important not only to investigate the causes of the breach but also to evaluate the effectiveness of our response to it.

If the breach was caused, even in part, by systemic and on-going problems, then simply containing the breach and continuing 'business as usual' is not acceptable; similarly, if our response was hampered by inadequate policies or a lack of a clear allocation of responsibility then it is important to review and update these policies and lines responsibility in the light of experience.

The following points will be considered within the review process:

- Make sure QA fully understand how the personal data is acquired, processed, and where and how it is stored. This covers manual processes as well as within electronic systems.
- Establish where the biggest risks lie. For example, how much sensitive personal data do QA hold? Do we store data across the business or is it concentrated in one location?
- Risks will arise when sharing with or disclosing to others – both within QA, partners and customers. We must ensure that not only the method of transmission is secure but also that you only share or disclose the minimum amount of data necessary. By doing this, even if a breach occurs, the risks are reduced.
- Identify weak points in our existing security measures such as the use of portable storage devices or access to public networks.
- Monitor staff awareness of security issues and look to fill any gaps through training or tailored advice.

3.6 Liability

Clearly, any breach can result in liabilities surrounding the incident. The ultimate liability depends on whether QA are the data controller or data processor. However, if QA are the cause of the incident, then QA will be liable to some extent.

The law confirms that companies or their employees or representatives may be personally liable – confirmed within the GDPR and Employment Practices Code.

Everyone must remain mindful at all times that if they are the cause of a breach, they may be **personally responsible** for any fines that are imposed by the authorities.

4 Definitions

4.1 Data Controller

A person who either alone or jointly or in common with other persons determines the purposes for which and the manner in which any personal data are, or are to be, processed.

4.2 Data Subject

Any living individual who is the subject of the personal data.

4.3 Data Processor

Data processor, in relation to personal data, means any person (other than an employee of the data controller) who processes the data on behalf of the data controller.

4.4 Personal data

Data which relate to a living individual who can be identified from those data, or from those data and other information which is in the possession of, or is likely to come into the possession of, the Data Controller.

As well as including obviously personal data such as names and addresses (including e-mail addresses), the definition includes 'any expression of opinion about the individual and any indication of the intentions of the Data Controller ... in respect of the individual'. The definition is therefore quite broad, and may cover information such as an individual's health, beliefs, personal hobbies, or business activities, for example.

4.5 Sensitive Personal data

Sensitive personal data means personal data consisting of information as to -

- race;
- ethnic origin;
- politics;
- religion;
- trade union membership;
- genetics;
- biometrics (where used for ID purposes);
- health;
- sex life; or
- sexual orientation.

4.6 Recipient

Anyone who receives personal data, except the Data Controller, Data Subject, or Data Processor.

4.7 Third Party

Third party, in relation to personal data, means any person other than –

- (a) the data subject,
- (b) the data controller, or
- (c) any data processor or other person authorised to process data for the data controller or processor.

4.8 Processing

Processing is defined as including but not limited to collection, storage, use, disclosure, or destruction of personal data.

4.9 Subject Access Request (SAR)

A Subject Access Request (SAR), as defined within the GDPR, is a request made by an individual to a company or body.

It is most often used by individuals who want to see a copy of the information an organisation holds about them. However, the right of access goes further than this, and an individual who makes a written request and pays a fee is entitled to be:

- told whether any personal data is being processed;
- given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people;
- given a copy of the information comprising the data; and given details of the source of the data (where this is available).

In most cases you must respond to a subject access request promptly and in any event within one calendar month of receiving it.

Please refer to the QA SAR Policy Guidance document which can be found on the G drive.

QAHE IT Code of Conduct Policy

Prepared by: David J.Black

Prepared for: Mike Brown

Date: March 2017

Issue: V1.3

1 INTRODUCTION

The purpose of this document is to provide guidance and communication of policy surrounding activities that you may undertake while within QAHE centres or within other classroom environments or indeed the wider community as a whole.

Cyber Defence and Offence, amongst other teachings, are sensitive subjects, and you shall not bring QAHE, your sponsor or employer into disrepute as a result of your misplaced actions.

2 LEGAL NOTICE

You must not perform or participate in any form of illegal activity (or any activity that would be generally considered indecent) using the equipment, services or skills provided to you by QAHE or your employer.

QAHE will not be responsible or liable for your actions, including direct, indirect or consequential loss or damage arising from your actions or in connection with our service, whether arising in tort, contract, or otherwise – including, without limitation, to QAHE or any third party, any loss of profit, contracts, business, goodwill, data, income or revenue.

You must always ensure:

- You have permission to undertake the task from the system owner or verified representative
- Assess the risk - consider the ownership and impact of all systems that could potentially be affected by the task – these may be outside of the originating country
- Be aware of the applicable laws and if in doubt seek legal counsel in advance

You are wholly responsible for **your** actions.

Please ensure that you understand the above and agree to be bound to the conditions presented within this document.

3 MONITORING

QAHE reserve the right to monitor and audit all campus and training centre network and device activities, which could include your user credentials on sites you may visit such as social media, webmail and personal banking.

Data may be captured within the auditing tasks, which could inadvertently include your personal data – which may include passwords. If the user wishes to avoid the possibility of their personal data being captured, they should not use any QAHE or campus training systems to access such services.

The monitoring and auditing tasks are undertaken on a continual basis to ensure compliance with this along with other Company policies and statutory requirements.

4 TRAINING INFRASTRUCTURE AND ENVIRONMENT

Your use of equipment and services are provided to support your learning while you are with us.

4.1 DEFINITIONS

A classroom is defined as the space within which the education or presentation will be delivered. This may be a room or indeed an open area depending on the event.

Classroom Infrastructure is defined as the computer and network infrastructure at the boundary of and outside of the classroom environment that you are within.

Classroom Infrastructure is defined as the equipment logically within your classroom, which your lecturer has given you permission to use or access.

Typically the limit of this environment will be the wired or wireless LAN default gateway leading from the in-classroom network you are on and leading to the Internet and other networks.

4.2 PROHIBITED ACTIVITIES

Classroom infrastructure must not be abused, attacked or probed in any form, including but not limited to;

- Removal or otherwise making any network or security control that QA have deployed ineffective.
- Scanning of ports.
- Sniffing of wired or wireless network traffic unless directed by the Instructor within the boundaries a classroom.
- Attempts to circumvent or disable any means of identity management or authentication such as wardriving.
- Use of any man in the middle exploits.
- The QA Delegate Wireless service (TRAINING_AP_PUBLIC) or other non-classroom shared service must not be used for any learning activities.
- Use of exploits against any QA or network owner device without direct permission from an Instructor.
- Attempts to disable or gain access to any physical access control system, swipe cards or other mechanism.
- Session hijacking – no attempts to impersonate another token, user or entity.
- SQL injections – any exploit to craft SQL responses or run scripts.
- Brute Force.
- DoS/DDoS attacks.
- DNS poisoning.

5 PUBLIC INTERNET USAGE

The use of Internet access provided within QAHE premises is provided free-of-charge, and you acknowledge that it would be unreasonable to hold QAHE liable in respect of the use of this service and the information accessed via this service.

The internet access is provided for the purposes of general browsing and research only.

If anyone is found to be downloading large files from the internet, and it causes a bandwidth issue within the campus, internet access may be removed as a provision to the classroom. Internet access is monitored. Please do not abuse the facility.

QAHE is not responsible for the content at any of the external sites accessed via QAHE computer equipment. Furthermore, although computer equipment is maintained, its integrity cannot be guaranteed against the presence of viruses or other types of malware.

Internet service is provided as-is, with no promise of any service level, security or availability guarantee.

6 Unacceptable Use

Use of QAHE's computing facilities are subject to the user's acceptance of this policy. Misuse of these facilities will be considered a breach of Company Policy and may result in removal from your course of study, disciplinary action or dismissal by your employer or prosecution.

QAHE systems must not be used to download, disseminate, send, receive, store, distribute, transmit, post, stream, upload or display material that is or could be considered to contain material that is illegal or inappropriate.

Any action in doing so will lead to disciplinary or legal action being taken by QAHE and may also constitute a criminal offence.

Inappropriate material includes, but is not limited to:

- Child abuse Bestiality
- Pornography Sexism
- Racism Violence
- Defamation Rape
- Torture Extremism
- Other illegal, immoral or indecent material

Should a user receive any suspect material, outside of that provided by your Tutor or Instructor, or become aware of any location of such material, the incident must be reported immediately to the QA IT Service Desk (0113 382 6200 or ITSD@QA.com).

Users are personally responsible for exercising good judgment regarding the reasonableness and extent of personal use of QAHE facilities. Users should be guided by the policies detailed within this document to ensure their use is appropriate, and if there is any uncertainty, users should consult their manager, lecturer or the QA IT Service Desk to gain clarification.

QAHE IT or campus services must not be used for personal financial gain.

You must never send email purporting to be from any QA domain unless the email account or domain has been directly issued to you for your own personal use.

Any misuse of QAHE computing systems involving criminal activities may result in summary dismissal and/or the user being reported to the relevant authorities.

QA utilise comprehensive toolsets to monitor, control and document the use of network controlled PC's and devices. Where any delegate or student is found to have breached any policy rule within this document, the incident will be reported to their employer and any relevant authorities.

You are reminded that QAHE are not liable for misuse of any penetration or malicious techniques you have learned within your time with QAHE.

Please ensure you are familiar with the requirements of the UK Computer Misuse Act 1990 including 2008 revisions, the Serious Crime Act 2015 and the Telecommunications Act 1984 and other applicable legislation.

Where Cyber type learning is being undertaken, and should your target or network over which the target is reached be outside of the UK, you must acquaint yourself with the target country and state laws and policies relating to the task you are to undertake as they vary considerably and often more comprehensively within non-UK territories.

7 ACCEPTABLE USE OF ASSETS

QAHE may issue you with a device or other asset for your use while with QAHE.

The points below provide guidance as to the acceptable use of the device:

- The device or asset will not be used to store any host organisation (sponsor or employer) related, personal, or above "PUBLIC" information.
- You are responsible for the safe and secure storage and handling of the asset(s).
- The asset(s) will be locked away in your personal locker or other agreed secure storage when not in use.
- The asset(s) issued to you will not be removed from the training centre in which they were issued unless under direct instruction from an Instructor.
- QAHE and the relevant sponsor or employer retain the right to audit the contents of any storage devices and their storage location.
- You are responsible for the backup of any data that is contained within the asset(s). The asset(s) remains the property of QA Group and are to be returned on request.
- Assets that have not been personally assigned to you must not be removed from the classroom in which they were provided without Instructor permission.
- Assets that have not been personally assigned to you must not be removed from the QAHE centre in which they were provided without written permission from the QA IT Service Desk.

8 RECORDING OF AUDIO OR VIDEO

Recording of audio or video may be desirable within QA's centres to aid learning.

Any delegate or student request to perform audio or video recording must be made at the time of event booking.

Where justification is accepted, all delegates or students must be made aware prior to the start of the recording, so that they are aware and agree to participate in the event. Should any one delegate or student oppose the recording on the day, then no recording should be made.

Where QA will be streaming or recording the event, notice of this will be communicated within the joining instructions that are sent once the booking has been confirmed.

9 PAPER HANDLING

Generally all paper within classrooms is to be limited to QA's PUBLIC classification. This means that no CONFIDENTIAL, INTERNAL or Government marked OFFICIAL materials are to be held.

Where events require any material classified above PUBLIC or OFFICIAL, the Instructor or Tutor is responsible for the security of the item.

The paper bins within the training areas are handled as recycling material and **are not securely disposed of**. Where classroom papers require secure destruction, the Instructor or Tutor must use the QA office provided shredders or secure disposal bins.

QAHE Student Complaints Procedure

Prepared by: Head of Quality Assurance

Date: March 2017

Issue: V1.0

INTRODUCTION

QA Higher Education (QAHE) endeavours to provide quality in all of its activities. However there may be times when students feel that they have not received the high quality of education or level of service which might reasonably be expected. In those circumstances, you are entitled to complain, and to make known your concerns, without fear of reprisal or victimisation. You can expect QAHE to deal with a complaint seriously, fairly, within a reasonable timescale and, where appropriate, in confidence.

This guide is designed to advise you of the appropriate procedure, and to inform you about the process.

Many complaints can be resolved relatively easily and informally at an early stage. You should normally talk in the first instance with the person(s) most directly concerned with your complaint. Programme Conveners, Course tutors, and other staff are always prepared to discuss any problems or concerns that you have, before they become major complaints.

If you are not able to resolve the problem informally, you will need to follow the formal Students' Complaints Procedure detailed below. The Procedure consists of a series of steps which will be followed by you and QAHE in order to find a way forward to a mutually agreed solution. After the appropriate steps, have been taken (which will not necessarily be all of those detailed below), QAHE will advise you of the outcome.

Your rights - and responsibilities - as a student making a complaint to QAHE are detailed at the end of this procedure. If a group of students wishes to make the same complaint, QAHE will require one student to be nominated as a point of contact for all.

Please note that you must ensure that you follow the correct procedure, and fulfil requirements yourself if you wish the complaint to be considered by QAHE.

If after completing QAHE procedures and you have not been able to agree a solution with the University, you can take the matter to the Office of the Independent Adjudicator (OIA) for Higher Education. The Adjudicator considers such disputed decisions for universities across the country, acting in an ombudsman role. The service provided by the Adjudicator is free of charge to students and details are available on the OIA Website:

<http://www.oiahe.org.uk>

SPECIAL NOTE: ACADEMIC APPEAL PROCEDURES

*The following Complaints Procedure **does not apply** if you wish to appeal against a mark, termination or other academic decision of the University. If you are uncertain whether you wish to proceed with an appeal or a complaint, please seek advice from your Programme Convener before you begin.*

If you believe that you have grounds for appeal against the result of an examination, assessment or of a degree classification, against a requirement to retake an examination or a decision to terminate your programme of study, or any other academic decision, please refer to the University's Academic Regulations.

The section of the Academic Regulations relating to appeals is at:

http://studentzone.roehampton.ac.uk/programmedetails/acregspartsix.asp#annex_4

PROCEDURE FOR MAKING A COMPLAINT

STAGE 1 – INFORMAL DISCUSSION

If you are considering making a complaint, you should first contact the Head of Quality Assurance at QAHE. Please do this **before** you write a letter of complaint to any member of the University. You will normally be asked to summarise your concerns briefly in an e-mail or letter.

The Head of Quality Assurance may be able to help you to address your concerns informally, either by advising you of the appropriate member of staff to contact and how to proceed, or by contacting that person on your behalf, and advising the outcome.

STAGE 2 - LODGING A FORMAL COMPLAINT

If the substance of your complaint cannot be solved informally, you should contact the University Secretary who will ask you to submit a Complaints Summary Form, together with supporting evidence.

The Form must be signed by you, and be addressed to the University Secretary, who will act as your contact in relation to the complaint. Please do not write directly to the Department, School or College or any other member of staff of the University yourself once you are following the formal complaints procedure.

PLEASE NOTE THAT COMPLAINTS CANNOT USUALLY BE ACCEPTED FROM THIRD PARTIES, SUCH AS RELATIVES OR SOLICITORS ACTING ON YOUR BEHALF.

The submission of a Complaints Summary Form and its date of receipt will represent the commencement of consideration under the Formal Complaints Procedure.

Your submission will be referred by the University Secretary to an appropriate senior member of staff in a School, Department or College of the University. This member of staff will be asked to investigate your complaint and to advise the University Secretary in writing of their findings, recommendations and any action proposed. The University Secretary will advise you of this outcome by letter, and of any action you should take in relation to it.

You will have the right to reply to this 'Outcome Letter' containing the University's initial decision about your complaint. If in the light of the response you still feel that the complaint remains unresolved from your point of view, you should notify the

University Secretary, by letter in reply, stating clearly your reasons for wishing to pursue the matter further.

STAGE 3 - PURSUING A FORMAL COMPLAINT

If you consider that your complaint has not been fully concluded to your satisfaction at the end of Stage 2, your response to the Outcome Letter will be considered by a Pro Vice-Chancellor (or their nominee), who will also consult with other senior staff if/as appropriate.

The University will normally consider taking complaint consideration further only if you can demonstrate one or more of the following:

- (i) that you have relevant new evidence which was not made available to the investigator previously;
- (ii) that there has been a clear failure of due process in consideration of the complaint, which you can define and provide evidence for.

If the Pro Vice-Chancellor (or their nominee) finds that your grounds for pursuing your complaint *are not* justified, you will be advised why by the University Secretary, and a 'Letter of Completion' will be issued to you. This letter will advise that the University has completed its investigation of your complaint, has provided its final decision on it and does not intend to take the matter any further. Details of how to take your complaint to the Office of the Independent Adjudicator for Higher Education (OIA), should you wish to do so, will be included in this letter. Please note that you will need to have a 'Letter of Completion' in order to apply to the Independent Adjudicator. The OIA service is free to students, but you must follow their procedures.

If your reasons for pursuing a formal complaint *are* considered by the Pro Vice-Chancellor (or their nominee) to be justified, the University Secretary will advise you and arrange a hearing of the complaint by a panel of three senior staff members of the University. An independent member of the University's governing body, the Council, *may* be invited to be a member or Chair of the Panel. Council Members have an independent role and are not University staff members.

The University Secretary will ensure that all Panel members chosen will have had no previous connection with the investigation of your complaint. The Panel will interview both you as the complainant, and any or all of the persons complained against, and will determine the University's final decision on the complaint.

The University Secretary will confirm to you the decision of the Panel, and any recommendations. A 'Letter of Completion' will be issued to you, indicating that the University has completed its investigation of your complaint, has provided its final decision on it and does not intend to take the matter any further. Details of how to take your complaint to the Office of the Independent Adjudicator for Higher Education

(OIA), should you wish to do so, will be included in this letter.

Please note that you will need to have a 'Letter of Completion of Procedures' in order to apply to the Independent Adjudicator. The OIA service is free to students, but you must follow their procedures.

TIMESCALE FOR THE PROCEDURE

QAHE and the University will make every endeavour to deal with your complaint quickly. If there is a delay because of the nature of your complaint, or owing to unavailability of appropriate staff you will be kept informed of progress.

- You should receive an *acknowledgement* of any written submission within five working days of its receipt, provided that you have followed the guidelines
- You will normally receive an *initial* written response to your written complaint within 28 days of its receipt, provided that you have followed the guidelines
- You will normally receive a *final* response to your complaint within three calendar months from receipt of a formal submission, provided that you have followed the guidelines; but if your complaint is complex, or involves several departments, this timescale may be extended

IF THERE ARE ANY EXCEPTIONAL TIME CONSTRAINTS RELATING TO RESPONDING TO YOUR COMPLAINT, YOU WILL BE ADVISED AT THE EARLIEST OPPORTUNITY. PLEASE NOTE THAT THESE MAY EMERGE DURING CONSIDERATION OF YOUR COMPLAINT, AND IT MAY NOT BE POSSIBLE TO ADVISE YOU OF THEM AT THE BEGINNING OF THE PROCESS.

NOTE TO ALL STUDENTS: RIGHTS AND RESPONSIBILITIES

WHEN MAKING A COMPLAINT YOU HAVE THE RIGHT TO:

- Be notified of the reasons for a complaint being upheld or not upheld, or any delay in a decision;
- Be interviewed by a Complaints Panel, at an appropriate point in their proceedings (ONLY if you get beyond STAGE 2);
- Be accompanied by a friend at meetings related to the Complaints Procedure (but not the Students' Union President or any other member of University Council);

WHEN MAKING A COMPLAINT YOUR RESPONSIBILITIES ARE:

- To state clearly the substance of your complaint;
- To indicate as clearly as you can the remedy that you seek;
- To follow the correct procedures as advised;
- To provide written statements on request;
- To attend a Complaints Panel, or any other meeting about your complaint, when requested.

When writing to the Head of Quality Assurance at QAHE, please contact Janis.gladwin@qa.com.

When writing to the University Secretary, please address correspondence to:

The University Secretary, Grove House,

Froebel College, University of Roehampton, Roehampton Lane, London SW15 5PJ

Please note that any complaints about the University Secretary should be referred in the first instance to the Vice-Chancellor's Office.