**New and Expectant Mothers**

**Candidates of Northumbria University NMC Competence Test Centre**

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| This checklist aims to guide discussions with candidates during pregnancy and maternity. It should be completed and agreed with the candidate. It is not intended that the form should be completed in full at a first meeting as initially a candidate will be unable – and should not be expected – to respond to all the questions raised. All information obtained will be kept in confidence.  The form should be reviewed at key stages or if the candidate’s circumstances change, the plan will need to be reviewed. | | | |
| **Section 1 – Candidate to complete** | | | |
| **Contact Details** | | | |
| **1** | | **Candidate Details** | |
| **Name** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email Address** |  |
| **Candidate ID** |  |
| **2** | | **Emergency Contact Details** | |
| **Relationship to Candidate** |  |
| **Contact Number** |  |
| **3** | | **Test Details** | |
| **Title** | NMC Test of Competence |
| **Faculty** | Health and Life Sciences |
| **Responsible to** | Head of Centre |
| **Date of OSCE** |  |
| **4** | | **Northumbria University CTC first point of contact Details** | |
| **Name** |  |
| **Location** | Competence Test Centre, Coach Lane |
| **Contact Number** | **+44 (0)191 3002441** |
| Email Address | **CTCGeneralEnquiries@northumbria.ac.uk** |
| **Key Dates** | | | |
| **5** | | **What is the candidates due date?** |  |
| **6** | | **How many weeks pregnant is the candidate on the OSCE date?** |  |
| **Communication with the Candidate** | | | |
| **7** | | **What is the candidates preferred method of communication?** |  |
| **Further Information** | | | |
| **8** | | **Any other information or comments.** |  |
| **Extenuating Circumstances** | | | |
| **9** | **Please sign and date that you have read and are aware of the mitigating circumstances policy in the event of your pregnancy or maternity affecting examinations and assessments?** | | Please refer to the candidate handbook. |
| **By signing below, you agree for NMC OSCE staff to discuss your pregnancy with other University staff if necessary.** | | |
| **Signature** | |  |
| **Date** | |  |

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| **Section 2 – Examiner to complete** | | | | | | | | |
| **Informing other staff** | | | | | | | | |
| **10** | | **Who will need to be informed about the candidate’s pregnancy?** | | | | | | |
| **Title** | | **Date** | | | | |
| Head of Centre | |  | | | | |
| Lead Examiner | |  | | | | |
| Assistant Lead Examiner | |  | | | | |
| Test Centre Manager | |  | | | | |
| Co-Ordinator | |  | | | | |
| **Health and Safety Risk Assessment** | | | | | | | | |
| **11** | Has a Health and Safety Risk Assessment been conducted by the Examiner in consultation with the candidate, that covers (where relevant) **See Section 3** | | | | | | | |
| **Date Completed** | | | |  | | | |
| Where changes are required to alleviate or minimise risks, whom are responsible for ensuring they are implemented? | | | | Head of Centre, Lead Examiner, Assistant Lead Examiner, Test Centre Manager, Co-Ordinator | | | |
| **Rest facilities** | | | | | | | | |
| **12** | **Has the candidate been informed about rest facilities within campus for use by pregnant candidates?** See support plan | | | | YES  NO | | | **Date Completed** |
| **Pregnancy-Related Absence** | | | | | | | | |
| **13** | **Have you discussed any pregnancy-related illness that has affected the candidate’s ability to undertake the OSCE?** See support plan | | | | YES  NO | | | **Date completed** |
| **Further information** | | | | | | | | |
| **14** | **Any other information or comments.**  Candidate to provide any additional information or comments that may be relevant. | | | |  | | | |
|  | | | | | | | | |
| **Section 3 – Risk Assessment – Examiner to complete** | | | | | | | | |
| Upon receiving notification of pregnancy, the responsible person in the NMC Competence Test Centre will carry out this risk assessment.  Please contact the Centre of Occupational Health and Wellbeing if specific advice is required. | | | | | | | | |
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| **HAZARD IDENTIFICATION**  Action must be taken to avoid exposure to identified risks by substitution with a safer substance or adaptions to the NMC Competence Test Centre to allow the NMC OSCE to be conducted safely and without risk to health. | | | | | | | | |
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| **PHYSICAL HAZARDS** | | | | | | | | |
| Ionising radiation | | | | | | Yes  No | | |
| Non-ionising radiation | | | | | | Yes  No | | |
| Manual Handling | | | | | | Yes  No | | |
| Adverse movements and postures | | | | | | Yes  No | | |
| Details: | | | | | | | | |
| Action: | | | | | | | | |
|  | | | | | | | | |
| **CHEMICAL HAZARDS** | | | | | | Yes  No | | |
| Details: | | | | | | | | |
| Action: | | | | | | | | |
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| **BIOLOGICAL HAZARDS** | | | | | | Yes  No | | |
| Details: | | | | | | | | |
| Action: | | | | | | | | |
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| **OTHER HAZARDS** | | | | | | | | |
| Work with computers | | | | | | Yes  No | | |
| Confined spaces | | | | | | Yes  No | | |
| Mental and Physical Fatigue | | | | | | Yes  No | | |
| Lone working | | | | | | Yes  No | | |
| Stress | | | | | | Yes  No | | |
| Shift work | | | | | | Yes  No | | |
| Working at Heights | | | | | | Yes  No | | |
| Adverse Thermal Environments | | | | | | Yes  No | | |
| Travelling for Work | | | | | | Yes  No | | |
| Standing for prolonged periods | | | | | | Yes  No | | |
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|  | | | | | |  | | |
| Details: | | | | | | | | |
| Action: | | | | | | | | |
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| **Further comments:** | | | | | | | | |
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| **Signed**  **(Candidate)** | | |  | | | **Date** |  | |
| **Signed**  **(Examiner)** | | |  | | | **Date** |  | |

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| **Section 4 – Support Plan** | | | |
| **Proposed Flexibilities to be Investigated** | **Timetable for Agreement or Decline and by whom (Date of reviews)** | **Date Flexibility Agreed or Declined** | **Comments** |
| Station height of bed can be adjusted, and mannequins will be moved by examiner to reduce physical stress on candidate. | On the day of the exam. |  | Examiners to check each station prior to commencement. |
| A chair is available for the candidate to rest after completing each station. | On the day of the exam. |  | All examiners to check each station prior to commencement. |
| Drinks and toilet breaks will be available. | On the day of the exam. |  | See risk assessment. |
| The candidate must declare she is fit and well to take the OSCE. | On the day of the exam. |  | Examiners to ask candidate if they’re fit and well before undertaking each station. |
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| Signatures | | | |
| **Agreed by Examiner** | | | |
| **Signature** |  | **Date** |  |
|  | | | |
| **Agreed by Candidate** | | | |
| **Signature** |  | **Date** |  |