****

**Appendix 4**

**Emergency Powers of Exclusion and Suspension**

**Record of Decision to Impose Emergency Powers**

To be completed along with a Risk Assessment (Appendix 3) in order to impose an exclusion or suspension under Central School of Ballet’s Emergency Powers. This Record may be completed by a staff member, or by the Executive Director, as required.

**SECTION 1: *DETAILS OF STAFF MEMBER COMPLETING THIS RECORD***

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME of Referee** |  | **JOB TITLE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | **Student ID Number:** |  |
| **Course:** |  | **Year of Study:** |  |
| **Student contact details** (postal address, both School and personal email addresses, and telephone no.) |  |
| **Additional relevant Info (complete as necessary e.g.** student is under 18 years old/case is considered high risk)**:** |  |

**SECTION 2: *STUDENT DETAILS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RECOMMENDED ACTION****(tick appropriate box)** | **Exclusion** under Emergency Powers | [ ]  | **Suspension** under Emergency Powers | [ ]  |

 **SECTION 4: *RELEVANT INFORMATION***

|  |
| --- |
| **Fill in this part of the record form with only information that is strictly necessary** |
| * + The date (and if relevant, time) from which you are recommending the emergency action should apply.
 |  |
| * + What action (if any) has been taken so far? (e.g. have you or any other staff members communicated with the student/other students/staff/third parties?)
 |  |
| * + Details of whom the student should contact with any immediate queries, and for ongoing support*.*

*Please ensure that any change or alternative to this single point of contact (SPOC) (eg in the event of a SPOC going on annual leave) is also listed here. The student will be notified in their formal letter from the Executive Director/Nominee of who they should contact for ongoing support.* |  |
| * + Any other necessary to know relevant information (eg additional support needs; personal circumstances; safeguarding concerns etc).
 |  |

**SECTION 5: *REASON FOR RECOMMENDED IMPOSITION OF EXCLUSION/SUSPENSION***

|  |
| --- |
| **TICK ALL RELEVANT BOXES THAT APPLY AND PROVIDE ANY NECESSARY ADDITIONAL DETAIL** |
| * Student is considered a danger to themself or others
 |  |
| * Student might have seriously breached the published School Code of Behaviour and/or Student Code of Conduct/other applicable code of conduct eg that of a placement provider
 |  |
| * Student is presenting with urgent critical ’Support through Studies’ concerns (e.g. such that their health or other circumstance is preventing them from being fit to study)
 |  |
| * Student has a criminal charge pending, or is the subject of police investigation
 |  |
| * A previously undisclosed relevant criminal conviction has come to light
 |  |
| * Student is the subject of an allegation of misconduct
 |  |
| * There is an identified need to protect the health and safety and/or property of the student and/or the School community
 |  |
| * **Other** (please tick box on the right and provide details in box below)
 |  |
| ***Where the reason is not covered in the list above, or there is an additional reason, please give a broad description in this box:*** |
| **Have you completed the Risk Assessment?***A Risk Assessment must be completed as part of the Record of Imposition of the Emergency Powers by at least 2 members of staff.* *If completing this form as a member of staff recommending imposition of the Emergency Powers, please submit your risk assessment with this Record form to the Executive Director/their nominee.* |  |
| ***Additional details:****Only include information that is strictly necessary e.g. you have received reports/allegations; specify the broad nature of the issue(s). This form may form part of the evidence that is disclosed to all relevant parties in the course of any investigation.)* |  |
| ***SPECIFIC REQUESTS/CONDITIONS:*** *Ensure any specific requests/conditions you would like to request that the Executive Director/their nominee puts in place are outlined here, for consideration by the Executive Director/their nominee.* |  |

**SECTION 6: *DOCUMENTATION***

*Complete as applicable; list the documentation you are submitting with this referral (there is no limit to the amount of documents you may include). Where there is relevant documentation pertaining to alleged misconduct/sensitive personal data, consider whether it is necessary to forward this as part of this Record.*

*Examples of how to complete this section are given and highlighted in yellow; please complete as much information as is applicable and delete all non-applicable examples.)*

|  |  |
| --- | --- |
| **Name/Title of document** | **Description/relevant information** |
| 1. **Risk Assessment**
 | **Risk assessment, completed [DATE] following incident/allegations** |
| 1. **Letter to student from Executive Director**
 | **Letter dated XXX notifying use of delegated emergency powers** |
| 1. **Email from student XXX**
 | **Email received by School on [DATE] from XXX containing allegations of possible serious misconduct that necessitated the need for Emergency Powers**  |
|  |  |

**SECTION 7: *DECLARATION***

|  |
| --- |
| I understand that this form, along with the Risk Assessment, constitutes the Record of Imposition of Emergency Powers under the Central School of Ballet Emergency Powers of Exclusion and Suspension policy.I confirm that all of the information I have provided in this form, and have submitted with this form is accurate at the time of completion. I agree that this form may be disclosed to relevant members of the School and interested third parties (eg parents of a student if appropriate and applicable) to the extent necessary for its consideration. **STAFF MEMBER:****SIGNATURE**:**DATE**: |
| **SIGN-OFF OF RECORD OF IMPOSITION BY EXECUTIVE DIRECTOR OR NOMINEE****NAME:** **POSITION:****SIGNATURE**:**DATE**: |