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**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**: |