1 Safeguarding Adults Legislation

1.1 Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

1.2 The practices and procedures within this policy are based on the relevant legislation and government guidance:
• England - The Care Act 2014
  Care and Support Statutory Guidance (especially chapter 14) 2014
• Wales - Social Services and Well Being Act 2014
  Wales Safeguarding Procedures 2019
• Scotland - Adult Support and Protection Act 2007
  Adult Support and Protection (Scotland) Act 2007 Code of Practice 2014
• Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015

1.3 Many other pieces of UK and home nation legislation also affect adult safeguarding. These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

• Murder/attempted murder
• Physical Assault
• Domestic Abuse/Coercive control
• Forced Marriage
• Female Genital Mutilation
• Theft and Fraud
• Sexual Offences
• Modern slavery and Human exploitation
• Hate crime
• Harassment
• Listing and Barring of those unsuitable to work with adults with care and support needs

1.4 Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

• England and Wales - Mental Capacity Act 2005
• Scotland - Adults with Incapacity Act 2000
• Mental Capacity (Northern Ireland) 2016
• There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

2 Definition of an Adult at Risk

2.1 The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

2.2 When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.
2.3 The actions that need to be taken might be by the Local Authority (usually social services) and/or by other agencies, for example the Police and Health. A University may need to act as part of safeguarding an adult, for example, to use the disciplinary procedures in relation to a member of staff or member who has been reported to be harming a participant. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

2.4 England (Care Act 2014) definition of an adult at risk

An adult at risk is an individual aged 18 years and over who:

a has needs for care and support (whether or not the local authority is meeting any of those needs) AND;

b is experiencing, or at risk of, abuse or neglect, AND;

c as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

3 Abuse and neglect - Adults at risk

3.1 Abuse is a violation of an individual’s human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

3.2 There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

3.3 Safeguarding legislation in each home nation lists categories of abuse differently however, they all include the following types of abuse:

- Physical
- Sexual
- Psychological
- Neglect
- Financial

3.4 Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within home nation legislations.

3.5 Abuse can take place within a sporting context and the person causing harm might be any other person. For example: a member of staff, a coach, a volunteer, a visitor to the University or a participant in a research project.

3.6 Some examples of abuse include:

- Harassment of a student because of their (perceived) disability or other protected characteristics.
- Not meeting the needs of the student
- A member of staff intentionally striking a student
- A student controlling another student with threats
3.7 Abuse or neglect outside the University could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

3.8 Often the perpetrator is known to the adult and may be in a position of trust and/or power.

3.9 The Safeguarding Adults Legislation (England (Care Act 2014)) defines categories of adult abuse and harm as follows:

- Physical
- Sexual
- Emotional/Psychological/Mental
- Neglect and acts of Omission
- Financial or material abuse
- Discriminatory
- Organisational / Institutional
- Self-neglect
- Domestic Abuse (including coercive control)
- Modern slavery

3.10 Signs and Indicators of Abuse and Neglect

3.10.1 An adult may confide to a member of staff that they are experiencing abuse inside or outside of the University. Similarly, others may suspect that this is the case.

3.10.2 There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions. You may notice that a participant in a team has been missing from practice sessions and is not responding to reminders from team members or coaches.
- Someone losing or gaining weight / an unkempt appearance. This could be a student whose appearance becomes unkempt, and there is a deterioration in hygiene.
- A change in the behaviour or confidence of a person.
- Self-harm.
- A fear of a particular group of people or individual.
- A parent/carer/other third party always speaks for the person and doesn’t allow them to make their own choices.
- They may tell you / another person they are being abused – i.e. a disclosure.
4 Abuse and Neglect-Children


4.2 Abuse
a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children.

4.3 Physical abuse:
a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

4.4 Emotional abuse:
the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

4.5 Sexual abuse:
involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education.
4.6 **Neglect:**
the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

4.7 **Safeguarding issues**
All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

4.8 **Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE)**
Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

4.9 **Peer on peer abuse**
All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). This is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- upskirting, which typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery); and
- initiation/hazing type violence and rituals.
4.10 **Serious violence**

All staff should be aware of indicators, which may signal that children are at risk from, or are involved with serious violent crime. These may include increased absence from school, a change in friendships or relationships with older individuals or groups, a significant decline in performance, signs of self-harm or a significant change in wellbeing, or signs of assault or unexplained injuries. Unexplained gifts or new possessions could also indicate that children have been approached by, or are involved with, individuals associated with criminal networks or gangs.

4.11 **Female Genital Mutilation**

Whilst all staff should speak to the designated safeguarding lead (or deputy) with regard to any concerns about female genital mutilation (FGM), there is a specific legal duty on teachers. If a teacher, in the course of their work in the profession, discovers that an act of FGM appears to have been carried out on a girl under the age of 18, the teacher must report this to the police.

4.12 **Mental Health**

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children’s experiences, can impact on their mental health, behaviour and education.

4.13 If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

5 **Mental Capacity and Decision Making**

5.1 We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

5.2 We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person’s ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.
5.3 Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

5.4 Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called “lacking mental capacity”.

5.5 Mental capacity refers to the ability to make a decision at the time that decision is needed. A person’s mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves. For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

5.6 Mental Capacity is important for safeguarding for several reasons:

5.6.1 Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won’t allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

5.6.2 Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make ‘free and informed decisions’.

5.6.3 Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an ‘adult at risk’ has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

5.7 Each home nation has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same:

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.
5.8 Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst attending University will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

5.9 It is good practice to get as much information about the person as possible. Some people with care and support needs will have a ‘One page profile’ or a ‘This is me’ document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don’t like doing. It’s also important to have an agreement with the person who has enrolled the adult in the sports activity about how different types of decisions will be made on a day to day basis.

5.10 If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

5.11 There may be times when the University needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them being in contact with the person causing harm.

6 Recording and Information Sharing

6.1 All Universities must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

6.2 Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

6.3 Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

6.4 Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a ‘need to know’. This does NOT automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

6.5 The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an University. For example:
• Anyone who has a concern about harm can make a report to an appropriate person within the University.
• Case management meetings can take place to agree to co-ordinate actions by the University.

6.6 There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the University. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

6.7 The circumstances when we need to share information without the adult’s consent include those where:
• it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk;
• you believe they or someone else is at risk, including children;
• you believe the adult is being coerced or is under duress;
• it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed;
• the adult does not have mental capacity to consent to information being shared about them;
• the person causing harm has care and support needs;
• the concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

6.8 When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

6.9 If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

6.10 Any decision to share or not to share information with an external person or University must be recorded together with the reasons to share or not share information.

7 Multi-Agency Working

7.1 Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of Organisations.

7.2 The University may need to cooperate with the Local Authority and the Police including to:
• provide more information about the concern you have raised;
• provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/Advocates;
• attend safeguarding meetings;
• coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies;
• share information about the outcomes of internal investigations;
• provide a safe environment for the adult to continue their role in the University.

8 Case Management Group

8.1 The Case Management Group comprise of a select number of individuals with identified and relevant skills, knowledge experience and/or status within the University and include at least one member with safeguarding adult expertise. The group’s role and decision-making powers need to be embedded within the University’s governance structure and be linked to related University functions such as codes of conduct, and the disciplinary policy and procedures.

8.2 The senior management team and Board of Governors should receive reports from the Case Management Group summarising the cases that have been addressed and their outcomes, as well as any issues that require action by the University e.g. changes to policy or procedures.

8.3 Case Management Groups should have clear terms of reference. They may be ‘standing committees’ who meet regularly or can be brought together as the need arises.

8.4 Case Management Group roles include:
• to ratify any actions already taken by Safeguarding Lead Officer.
• to initially assess and agree immediate response to a safeguarding case (does there appear to be a case to answer?).
• to identify appropriate ‘route’ for case (e.g. internal/ disciplinary action alone or referral to statutory agencies plus internal/ disciplinary action).
• to decide the level (from local to national) at which the University will deal with the concern.
• to consider the need for temporary/ interim suspension
• to review progress of case(s).
• to identify/ communicate learning from cases.

8.5 Case Management Groups’ membership should include:

a a designated Chair;
b a secretary (often the designated Safeguarding Lead);
c Managers from relevant parts of the University where appropriate e.g. Human Resources, Academic School, Legal;
d co-opted independent safeguarding expertise (e.g. from another relevant profession/School such as the Police or Social services, Law, HSK).

9 Sources of Information and Support

Action on Elder Abuse
A national Organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.
Ann Craft Trust (ACT)
A national organisation providing information and advice about adult safeguarding. ACT have a specialist Safeguarding Adults in Sport and Activity team to support the sector.
Tel: 0115 951 5400
Email: Ann-Craft-Trust@nottingham.ac.uk
www.anncrafttrust.org

Men’s Advice Line
For male domestic abuse survivors
Tel: 0808 801 0327

National LGBT+ Domestic Abuse Helpline
Tel: 0800 999 5428

National 24Hour Freephone Domestic Abuse Helplines

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Rape Crisis Federation of England and Wales
Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.
Email: info@rapecrisis.co.uk
www.rapecrisis.co.uk

Respond
Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.
Tel: 020 7383 0700 or 0808 808 0700 (Helpline)
Email: services@respond.org.uk
www.respond.org.uk
Stop Hate Crime
Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual’s identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.
24 hours service:

Telephone: 0800 138 1625
Web Chat: www.stophateuk.org/talk-to-us/
E mail: talk@stophateuk.org
Text: 07717 989 025
Text relay: 18001 0800 138 1625
By post: PO Box 851, Leeds LS1 9QS

Susy Lamplugh Trust
The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.
Tel: 020 8392 1839
Fax: 020 8392 1830
Email: info@suzylamplugh.org
www.suzylamplugh.org

Victim Support
Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.
Tel: 0808 168 9111
www.victimsupport.com

Women’s Aid Federation of England and Wales
Women’s Aid is a national domestic violence charity. It also runs a domestic violence online help service.
www.womensaid.org.uk/information-support

10 Other useful contacts

If the situation is urgent, always call 999

Herts safeguarding adults
Telephone: 0300 123 4042

Herts safeguarding children
Telephone: 0300 123 4043

Child Line
Telephone: 0800 1111 - 24 hours, Freephone

NSPCC Helpline
Telephone: 0808 800 5000 – 24 hours, Freephone
11 Additional relevant policies

EQ03 'Equality and Diversity Policy'
EQ07 ‘Student Mental Wellbeing’
EQ10 ‘Bullying and Harassment’
EQ11 ‘Support to study’
GV16 ‘Whistleblowing Policy’
HS05 ‘Security and Public Access’
IM08 ‘Data Protection Policy and Privacy Statement’
IM11 ‘Records Management and the Archiving and Retention of Prime Documents and Business Records’
SA01 ‘Student Code of Conduct’
SA03 ‘Admissions - Undergraduate and Taught Postgraduate Students’
SA11 ‘Drug and Alcohol Misuse by Students’
SA13 ‘Student Discipline’
SA15 ‘Student Fitness to Practise’
SA17 ‘Student Suspension Regulations’

Sharon Harrison-Barker
Secretary and Registrar
Signed: 1 September 2023

Alternative format
If you need this document in an alternative format, please email us at governanceservices@herts.ac.uk or telephone us on +44 (0)1707 28 6006.