Network Report 2025/26

***Please note*** *that payment of a bursary will not be made until this report form is completed and received by the President. Claim periods are in line with the two semesters. This must be submitted to* *Ronke.Akintan@worc.ac.uk*

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| **Name** |  | **Student ID number** |  |
| **Claim period (tick one)** | [ ]  1st Semester |
| [ ]  2nd Semester |
| **Network (tick one)** | [ ]  Women’s Network | [ ]  Disabled Students | [ ]  LGBTQ+ Network |
| [ ]  International Students Network | [ ]  Race Equality Network  | [ ]  Mature, Parents & Carers |
| [ ]  Commuter Students’ Network | [ ]  Care Leavers’ Network |  |

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| **Section 1 Activity Report**Please explain your contribution to the Network Committee role. This may include, but is not limited to: * Councils/meetings attended with the SU and/or University.
* Events/trips/socials organised.
* Events/trips/socials attended as a Network.
* Policies/campaigns you have submitted.
* Any fundraisers organised.
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| **Date** | **Activity** | **Your contribution / impact** |
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*Please expand box as necessary*

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| **Section 2 Evaluation of activity**Analyse and reflect on your activity as Network Chair/Vice Chair as reported in Section 1.Identify significant insights, achievements and future developments, including:* the role of Network Chair/Vice Chair and how this can be enhanced
* personal learning gain and relevance for career development

**You can use feedback from members, SU and academic staff.** |

| **Activity** | **The role of Network Chair/Vice Chair*****(Complete as appropriate)*** | **Personal learning gain*****(Complete as appropriate)*** | **What next?** |
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|  |  |  |  |

*Please expand box as necessary*

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| **Section 4 Future Impact and Sustainability for the Network Committee role*****(Second Semester Only)***What would you like to see happen and how would you develop Network Committee roles for the next academic year?*Please use this section to share your thoughts and ideas of how Committee Chair/Vice Chair can make a difference. This section could also be a handover tool for recommended future actions* |

| **For future Network Chairs/Vice Chairs (Top Tips, Barriers, Key Contacts etc.)** |
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| **Section 5 Verification of activity** |
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|  | **Signature (entering your name is fine as an electronic signature)** | **Print name** | **Date** |
| **Applicant Committee Member** |  |  |  |
| **Students Union Representative (1)** |  |  |  |
| **Students Union Representative (2)** |  |  |  |