# Supported Study Referral Form

Please return the completed form to [welfare@glos.ac.uk](mailto:welfare@glos.ac.uk), which will then be reviewed by the Support Study Procedure Review Pannel and a decision communicated within 2 weeks of submission.

|  |  |
| --- | --- |
| **1. This referral is being made by:** | |
| Name: |  |
| Role: |  |
| Email address: |  |
| Relationship to student: |  |

|  |  |
| --- | --- |
| **2. Student details:** | |
| Name: |  |
| Student number: |  |
| Course/level: |  |
| Brief outline of main concerns: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. What do you understand to be the main causes/impact of this situation?** | **Presenting issues:** | | **Impacting:** | |
| Engagement |  | Teaching |  |
| Behaviour |  | Self |  |
| Health |  | Others |  |
| Wellbeing |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. What support has been put in place to date?** | Meetings with Personal Tutor |  | Extensions |  |
| Meetings with Senior Tutor |  | Alternative Assessments |  |
| Meetings with Module Tutor(s) |  | Short term goals set |  |

|  |  |  |  |  |
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| **5. Referrals have been made to the following:** | Student Centre |  | Money Advice |  |
| Disability |  | Students’ Union |  |
| Chaplaincy |  | Counselling |  |
| Study Skills |  | Senior Tutor |  |
| Mental health Coordinator |  | Wellbeing Coordinator |  |

|  |  |
| --- | --- |
| **6. Anticipated added benefit of SSP:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **7. Supported Study Referral** |  | Yes | **If not, please provide the date you will complete this** |
| Have you discussed your continuing concerns with the student? |  |  |
| Have you informed the student of this referral? |  |  |
| If you are not the Senior Tutor, have they been informed? |  |  |

**Referral Review – SSP Panel Use Only**

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| --- | --- | --- | --- |
| **Attendees:** | **Date:** | **Decision:** | |
|  |  |  | |
| **Accepted Referrals Only - Assigned to:** | | **Name:** |  |