# Supported Study Referral Form

Please return the completed form to 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.

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

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

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

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| **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 |[x]  Wellbeing Coordinator |[ ]

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

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| **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:** |  |