

Appendix 1 Support Through Studies 'Cause for Concern' Form

Staff should use this form to make an initial referral into formal Support Through Studies Procedures. Indicators may, for example, include information referred to in an appeal which raises serious concerns for their safety, or the safety of others. The form is used to make sure students who may be at risk or experiencing difficulties are put in contact with the appropriate student support staff and/or support mechanisms.

Name of Student		Student Number				
Programme		Level of Study (eg 4, 5, 6)				
Form submitted BY:		Date of incident leading to Cause for Concern referral:				
Job Title / Department		Date of referral:				
INITIAL CASE REFERRAL STAGE						
Form submitted TO:		Date received:				
Job Title / Department		Stage of Support Through Studies Policy that this case is initially being referred to:	STAGE			
			1	2	3	4
		(tick relevant stage)				
Has the student declared a medical		Has the student got a Learning Agreement in				
condition / disability?		place?				
Nature of and evidence for concern:						
Actions:						
SIGNED: (signature of reviewer)						
DATE:						