

Student Support Request Form



- C O N F I D E N T I A L -

| STAFF MEMBER | |
|---|---------------------------------|
| Name: | Date: / / 20_____ |
| Position: | |
| STUDENT | |
| Student Name: | |
| Student Number: | |
| ACADEMIC SUPPORT REQUEST DETAILS | |
| 1. Why do you believe the student requires academic support? | |
| 2. What type of support do you think would be required to assist the student to achieve satisfactory course progress, i.e. general topics such as grammar, layout, style and content of an assignment, IT assistance and assistance with work based training? | |
| 3. How long do you think the student needs this support for? | |

Student Support Request Form



| PERSONAL SUPPORT REQUEST DETAILS | |
|---|--|
| 1. Why do you believe the student requires personal support? | |
| 2. What type of support do you think would be required to assist the student, i.e. counselling re disability, mental health and wellbeing, chaplaincy, equity, welfare, legal, financial, bullying, racism, mature age, accommodation etc.? | |
| 3. How long do you think the student needs this support for? | |

| STUDENT AWARENESS | |
|---------------------------------------|--|
| Is the Student aware of this request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Student Support Request Form



| OFFICE USE ONLY | |
|--|--|
| Date Support Request Received? | / / |
| Date Referred to Student Services (<i>where possible</i>)? | / / |
| Where the Student was unable to be referred to Student Services, date discussed at the Management Committee Meeting? | / / |
| Approved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date To Be Reviewed? | / / |
| To Be Reviewed By (Person): | |