**REFERRAL FORM**

**TO**

**THE UNIVERSITY SUPPORT SERVICES**

(The Counselling Service: Disability Support Office: Student Occupational Health)

If you are concerned that a student’s medical condition (which may include physical and/ or mental health problems) is impacting on their ability to attend the course; their performance with course work and examinations etc., please complete the following referral form and send to the appropriate support service. Students’ consent for a referral must be sought and if consent is refused the tutor/appropriate person must make a note on the student’s file of the reason referral was suggested and that the student refused. The student must be made aware that the support that can be provided may be affected by their refusal to attend the appropriate support service.

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| --- | --- |
| **Student’s Full Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Mobile Telephone Number:** |  |
| **University Email:** |  |
| **Personal Email:** |  |
| **Course:** |  |
| **Year of Entry:** |  |
| *Please give a brief statement of the issues giving rise to concern e.g. repeated short term sickness, academic performance etc:* | |
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| *Please state what advice is required:* | |
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| Referral sent to*: Please tick appropriate box:*  Counselling Service ❒  Disability Support Office ❒  Student Occupational Health Service ❒  Other *(please state)* ❒ | |
| Name of Person Making Referral: |  |
| Position / Relationship to Student: |  |
| Date: |  |
| Contact Telephone Number: |  |
| University Email: |  |
| Address: |  |
| School / Course: |  |

**Address& Contact Details**

**The Counselling Service**5th Floor Crawford House  
Tel: 52864 Email: counsel.service@manchester.ac.uk

**The Disability Support Office**2nd Floor University Place  
Tel: 57512 Email: dso@manchester.ac.uk

**Student Occupational Health Services**Waterloo Place  
182-184 Oxford Road  
Tel: 52858 Email: waterlooocchealth@manchester.ac.uk