Wellbeing Support Referral Form

1. Student Details

Full Name	
Student ID	
Course / Qualification	
Contact Number	
Email Address	

2. Referral Details

Date of Referral _____

Reason for Referral:

☐ Mental Health Support
☐ Counselling
☐ Financial Assistance
☐ Disability Support
☐ Academic Stress
☐ Other (please specify): _____

Details of Concern or Support Needed:

[Provide a brief description of the issue or support required]

3. Consent and Privacy

☐ I confirm that the student has given consent for this referral.
☐ The student has been informed about the referral and the information shared will be kept confidential.

4. Referring Staff Details

Name	
Position	
Contact Number	
Email Address	

5. Action Taken / Follow-Up

Date of Contact with Student	
Referral Outcome / Support Provided	
Follow-up Date	
Additional Comments	

6. Signatures

Referring Staff Signature _____ **Date:** _____

Student Signature (if given) _____ Date: _____