THE UNIVERSITY OF BUCKINGHAM
MEDICAL SCHOOL

MB ChB

Student Support Self Referral Form

Updated: October 2014

1 Please ensure the form is completed in FULL

Name:

Address:

Telephone number:

Email address:

Undergraduate year:

Date of self referral:

2 Reasons for self referral (please indicate all that apply):

Personal

Academic

Social

Health

Communication skills

Other

3 Please give any more details in the space below:

I wish to be referred to the Student Support Team and meet with one of the Team for an initial assessment. I give consent for a copy of all relevant documents to be forwarded to the Student Support Lead Dr Claire Stocker (please tick box ☐)

Student signature

Document Version Information

Document Title: Student Support Self Referral Form

Originator: Dr Claire Stocker

Date: October 2014

Replacing Document:

Approved:

Date: