This form is intended to inform Occupational Health of students who defer or withdraw from studies. This information shall be used, only for the purpose of supporting an Occupational health review prior to return and to manage clinical records.

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| ***Reason for Notification:*** | Choose an item. | | |
| ***Student Name:***  ***(Surname, given name)*** |  | | |
| **Matriculation Number:** |  | **Date of Birth:** |  |
| **Academic Programme:** | Choose an item. | **Year of Commencement:** |  |
| ***Student email address:*** |  | | |
| ***Student contact address:*** |  | | |

**To be completed only if student is deferring studies**

Prior to an appointment being scheduled with Occupational Health, it may be necessary for the student to provide a report from a treating clinician e.g., GP/Psychiatrist/Psychologist/Counsellor. You will be advised as applicable.

For returning students only, tick to confirm that you have discussed the requirement for an Occupational Health review prior to re-commencing studies, and that they have agreed to attend an appointment, and provide relevant documentation as applicable.

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| **When is the student likely to return to study** |  |
| **Reason student deferred:** | Choose an item. |
| **Additional relevant information:** |  |
| **Disability Services:** | If the student is registered with disability services, please outline any current adjustments. |
| **Specific Questions to be considered by Occupational Health:** | 1.  2. |

On completion of a consultation, an Occupational Health report shall be issued, which shall advice on (but not limited to):

* Nature of condition, and what affect it has on the student’s ability to attend university as required. (Note, students on BDS programme are expected to achieve and maintain 100% attendance or close to this.
* Is the student capable, on health grounds, of continuing their studies?
* Could the Equality Act 2010 apply, would the student benefit from adjustments to enable them to continue their programme. Note adjustments should be managed by Student Disability Services).

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| **Name & signature of person completing this form:** |  |
| **Job Title:** |  |
| **Date of completion** | Click or tap to enter a date. |