**External Support Providers (ESPs) Flagging Risk / Concerns to Sheffield Hallam University, Disabled Student Support (DSS)**

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| **Student Name** |  |
| **Date of Birth** |  |
| **Course** |  |
| **Referral reason (delete as appropriate):**   * Student has concerns about their learning contract * Student has additional support needs * Concerns about the student's health (mental or physical) * Concerns about harm to self (including suicide) - Please call DSS on 0114 225 3964 if the concern is urgent * Concerns about harm to others | |
| **Who else has been notified? (if relevant)** | |
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| **Reason for referral (please provide as much detail as possible):** | |
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| **What action has been taken by the support worker, or support worker provider?** | |
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| **Has the student been told that you are contacting Disabled Student Support at Sheffield Hallam University? (delete as appropriate)**  **Yes / No** | |
| **What is the student's preferred method of contact? Please provide phone number or email address (delete as appropriate)**   * Phone * Email | |