**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
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| **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
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