**Fitness to Return to Study**

**Health and Support Self-Assessment**

Following a period of withdrawal from studies due to health reasons, the University wishes to ensure it is in a position to discharge its duty of care to safeguard the health, safety and wellbeing of all its students, this is so that it can:

* ensure effective and appropriate support is provided
* protect the students’ interest and minimise, in so far as is possible, any potential recurrence of ill health

Please complete all sections:

**Student details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Click here to enter text: | Date of Birth | Click here to enter date: |
| Address: | Click here to enter text: | Department | Click here to enter text: |
| Current Email | Enter an email where you can be currently reached: |
| University Email | Click here to enter text: | Mobile number | Click here to enter number: |

**Withdrawal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of withdrawal | Click here to enter a date: | Date of intended return | Click here to enter a date: |
| Was your withdrawal voluntary (your decision)? | Choose an item: | If no, please give details | Click here to enter text: |
| Reason for withdrawal | Choose an item:Please provide some details of your symptoms: |

**Health Information:**

|  |  |  |
| --- | --- | --- |
| Do you have medical evidence to support your fitness to return to study? | Choose an item: | If yes, from whom? |
| *Please note, without medical evidence from a recognised health professional (e.g. Consultant, GP, CPN, Psychiatrist), confirming that you are now well, you will* ***not*** *be accepted back to resume your studies*. |
| Do you have a confirmed diagnosis? | Choose an item: | If yes, please give details: |
| Did you require any specific treatment/therapy during your time away from University? | Choose an item: | If yes, please give details: |
| Are you still receiving on-going treatment/support? | Choose an item: | If yes, please give details: |
| Will you continue to need treatment/support when you return to University? | Choose an item: | If yes, please give details: |
| Are you currently taking prescribed medication for your health condition? | Choose an item: | If yes, please give details: |
| For how long have you been unwell? | Click here to enter text: |
| Do you consider yourself to be fit and well and are ready to resume your studies? | Choose an item: | Please give details if appropriate: |
| *If you are accepted back to resume your studies, Wellbeing Services will arrange a follow up appointment for you on your return.**The Wellbeing Service is staffed by fully trained health professionals who are able to advise and support you on a wide range of health and psychological issues.* |

**Risk Related Behaviours**

*The following two questions are sensitive in nature, but it would help if you are able to provide honest information, as it could direct the type of support needed for your return to study.*

|  |  |  |
| --- | --- | --- |
| Reflecting on the time when you were unwell, did you feel that you were at risk of harming yourself or would harm other people? | Choose an item: | If yes, please give details: |
| Do you feel that you are currently at risk of harming yourself or would harm other people? | Choose an item: | If yes, please give details: |

**Accessibility and Further Support:**

|  |  |  |
| --- | --- | --- |
| Do you envisage any difficulties in accessing or participating in your course in full? | Choose an item: | If yes, please give details: |
| How do you intend to manage your condition on your return? | Click here to enter text: |
| Do you feel that you will be able to complete and achieve the core competencies of your course? | Choose an item: | If no, please give details: |
| Have you been in contact with your department? | Choose an item: | If yes, please give details: |
| Do you feel that you require any additional support in order to access your course in full? | Choose an item: | If yes, please give details: |
| If you are applying for university accommodation, do require any special adaptations? | Choose an item: | If yes, please give details: |
| If you are applying for university accommodation, in the event of an emergency, are you able to evacuate safely and in a timely manner without assistance? | Choose an item: | If yes, please give details: |
| DSA (Disabled Student’s Allowance) is a specific allowance that enables and supports students who have diagnosed mental health, emotional wellbeing, physical health, ASD and/or learning needs, to be able to access their academic course in full. |
| Are you in receipt of DSA? | Choose an item: | If yes, please give details: |
| If you have answered ‘yes’ to one or more of the above questions (including ‘no’ to the third question), you will be contacted directly by the Accessibility Team to discuss your needs further. Otherwise, the Accessibility Team will send you an email highlighting their services, possible available support options and their contact details should *you* wish to discuss additional support. |

**Additional Information**

|  |
| --- |
| Please provide any additional information you may feel is relevant |

Signed: Click here to enter text: Date: Click here to enter a date:

*Thank you for completing this form.*

*Wellbeing Services and/or Accessibility Services will contact you if they require further information.*