**

**STUDENT SUPPORT AGREEMENT**

Disability and Wellbeing offer a range of specialist services to enable all students to have a positive learning experience. A specialist staff member can meet with you to listen to your issues, identify a range of possible options and ensure you have the right supports in place that meet your needs.

We know that confidentiality is important to you, and the University is committed to creating an environment where students are comfortable in seeking support. Disability and Wellbeing services will hold and process your data in line with the University’s [Data Protection Policy](http://www.qub.ac.uk/about/Leadership-and-structure/Registrars-Office/FileStore/Filetoupload%2C732891%2Cen.pdf).

Please be assured that all information we receive is treated sensitively and that we only disclose appropriate levels of information to relevant University staff and associated personnel. However, it may be necessary for us to share information with relevant third parties including; health and social care professionals, parent and/or next of kin if there is a known or suspected risk of harm to yourself or others. There may also be occasions where we have a legal obligation to share information and you will be advised of this. If you wish to view more details about how and when we will use your data, please refer to the [Student Privacy Notice](http://www.qub.ac.uk/about/Leadership-and-structure/Registrars-Office/FileStore/Filetoupload%2C766524%2Cen.pdf).

If you are residing outside of Northern Ireland (NI), please note the delivery of our services will be undertaken in accordance with the laws and regulation standards in NI, and any disputes will be subject to NI law.

**YES – I AGREE TO PARTICIPATE**

Please sign below to indicate that you agree to participate with support from Disability and Wellbeing services, and the sharing of information on the above conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Contact No. |  |  |  |

***Please note:*** *You have the right to withdraw your consent to disclose information at any time. You can do this by informing us in writing to* *studentwellbeing@qub.ac.uk**. Upon receipt of this request, a relevant staff member will make contact with you to discuss this further.*

**Please provide details of an EMERGENCY CONTACT**.

This should be a trusted person over the age of 21, ideally living in the [United Kingdom (UK).](https://www.britannica.com/place/United-Kingdom) If you are living and studying outside NI, your emergency contact should be living in the same country that you are residing in.

 **Name: Relationship:**

 **Living in UK: Yes/No Telephone No:**

Please be assured we will only contact this person if there are serious concerns about your wellbeing. However, it is recommended that you have a conversation with your nominated ***Emergency Contact*** to let them know that you have provided their details to the University.

**-----------------------------------------------------------------------------------------------------------------------------------------------**

**NO - I DECLINE SUPPORT FROM DISABILITY AND WELLBEING**

Following an initial meeting, I confirm that I do not wish to avail of any further support from Disability and Wellbeing services at present. However, I understand the service may have a duty to disclose the information shared to date in line with the University’s [Student Privacy Notice](https://www.qub.ac.uk/about/Leadership-and-structure/Registrars-Office/FileStore/Filetoupload%2C766524%2Cen.pdf) and/or if there is a known or suspected risk of harm to myself or others.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |