1. STUDENT INFORMATION					
Student Name					
Date of Birth:		Date of 18 <sup>th</sup> Birthday:			
Student ID:		Date of arrival/expected arrival in Belfast:			
Student ID:		Donada			
Home address:		Term time address:			
Queen's Email:					
Mobile Number:					
UK Mobile number:	-				
Do you have a health concern or disability that is likely to impact your studies?		Yes		No	
2. EMERGENCY C	ONTACTS				
Signed Parental Consent Form returned		Yes		No	
Has a Social Service Assessment been undertaken (under 16 only)		Yes		No	
NEXT OF KIN (Parent, Guardian or family member over 21 yea			21 years o	of age)	
Name:	Name:		Address:		
Tel No: Email:					
NOMINATED EMERGENCY CONTACT (This contact must reside in the UK)					
Name:	Relationship: Address:				
Tel No: Email:		Address.			
Is EC resident in UK, and over age of 21?		Yes		No	
GP DETAILS					
Name:		Address:			
Tel No:					
Has GP details been red	corded on Qsis:	Yes		No	

3. ACADEMIC INFORMATION (see QSIS for these details)				
School registered with:				
Course registered on:				
Personal Tutor:	Adviser of Studies			
U18 Co-ordinator (s)				
4. COURSE INFORMATION: Will the student be required to participate in any of the following?				
Field trip off campus	Yes	No		
Activity that requires being away overnigh	Yes	No		
Placement	Yes	No		
Handling of materials prohibited to those the age of 18	Yes	No		
Professional activities that require the student to be 18 years of age or older eg clinical activities		Yes	No	
5. <b>Outcome:</b> Is a School Risk Assessment meeting required ?		Yes	No	

## Student Support Overview: Students under 18

Student Name:	Student ID:	Date of 18th Birthday:		
Area Assessed	Comments	Actions Agreed	Responsible Person	
Arrival in Belfast				
Planned date of arrival?				
Family / support to travel?				
Airport pick up requirements?				
Course / Academic Studies			Personal Tutor:	
Has Personal Tutor been identified?			U18 co-ordinator:	
Has U18 co-ordinator in School				
Any professional requirements of course?				
3 –way meeting required with School? Provide details				
Field trip off campus				
<ul> <li>Activity that requires being away overnight</li> <li>Placement</li> </ul>				
<ul> <li>Handling of materials prohibited to those who are under the age of 18</li> </ul>				
<ul> <li>Professional activities that require the student to be 18 years of age or</li> </ul>				
older eg clinical activities				
Accommodation			RLC:	
Queen's Accommodation / other Student Accommodation provider / with				
parent/legal guardian / private rented accommodation				
Disability and Wellbeing				
Include any disability, personal or wellbeing related issues				
Would the student benefit from a WRAP?				
Registered with Disability Services?				
Is student registered with GP / aware of how to access Healthcare?				
Social				
Have any social support needs been identified?				
Identify any clubs/ societies, opportunities or other sources of support available?				
Legal				
Has the student been made aware of restrictions which apply to anyone under				
the age of 18 living in NI? Is student aware of their Nominated Emergency Contact?				
Is EC residing in UK / confirm relationship				
Other supports or concerns identified				
Have any other issues been identified?				
Are there any additional supports which should be considered for this student?				
Future check-in arrangements agreed with student				
Introduction to International Student Guide				

Monthly Keep in Touch calls Other arrangements		

On signing this form, the student and attendees agree that the information is accurate on the date the form was completed.				
Agreed actions will be undertaken by those responsible:				
Student Signature:		Date:		
Student Wellbeing		Role:		
Representative:				
Review Date: Required if student is under the	18 on first day of Semester 2 / Year 2			
Review Outcomes:				