|  |
| --- |
| **Consent Questions** |
| **Are you an active student at UWL?** **What pronouns do you use?**  **YES NO\*** She/Her He/Him  They/Them Prefer not to say  If No\* which institution e.g., DSL, Met Film Other: Click or tap here to enter text.  Please state here:Click or tap here to enter text.  **\*Consent to record your information:** For UWLSU Advice to support you and manage your case, we will use the information you give us to set up a case file on our confidential, secure system. Only UWLSU Advice staff will have access to this information. We will not share your information with anyone outside of UWLSU Advice without your express consent unless required to do so by law or if we identify that you may be at risk of harming yourself or someone else.  **Do you confirm that you understand and agree to this?**  **YES  NO\***  (\*If you do not consent, we will still need to record some information to demonstrate what advice we have given to you, this is our legal basis for recording information about your case. We will set up and anonymous case file using your first initial and ‘anonymous’. You will then be given a client reference number to refer to if you contact us again for help with your case.)  **\*Consent to contact you about your case:** After your appointment, you will be sent a follow up email with a summary of your case and actions to follow. We will also check in with you with the progress of your case and vice versa.  **Are you happy to continue to be contacted about your case?**  **YES  NO:** I do not want to be contacted by an advisor after my initial contact\*  (\*If you do not want to be contacted after the initial contact with an Advisor, that is your right, however we will be very limited in how we can continue to support you and will still need to keep a record of the advice we have given you). |
|
|

|  |
| --- |
| **Signature\*** |
| Please sign here: Click or tap here to enter text.    (Or over the phone, a UWLSU representative will sign) |

**** **UWLSU Academic Advice Client Registration Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **What Type of Academic Advice Do you need?** | | | |
| Mitigation  Extension  Complaint  Academic Appeal  Fitness to Practice  Academic Offence Other  If you answered **OTHER**, please let us know what it is: Click or tap here to enter text. | | | |
|  |
|  |
|  |
| **Your Information** | | | |  |
| Full Name | Click or tap here to enter text. | Student Number | Click or tap here to enter text. |  |
| Course | Click or tap here to enter text. | What year are you in? | Click or tap here to enter text. |  |
| Contact Number | Click or tap here to enter text. | Are you over 18? | YES NO |  |
| **Access to Student Email account** | | | |  |
| Can you access your student email account?  YES  **NO\*** | | If you have stated, **NO\*-** please provide a different email: Click or tap here to enter text. | |  |
|  |
| **Accessibility Question\*** | | | |  |
| Can the Student Union make any adjustments to ensure the appointment more accessible to you? (Hearing Loop, Low Lighting, Bigger fonts in emails) **YES\***   NO  If you answered **YES\*** what accessibility adjustments can we make: Click or tap here to enter text. | | | |  |
|  |