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| |  | | --- | | **Are you an active student at UWL?** | | **YES ☐**  **NO ☐ If no, please state which institution (e.g., DSL, Met Film etc.)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |  | | --- | --- | | **What are your pronouns?** | | | **She/Her ☐**  **He/Him ☐**  **They/Them ☐** | **Other ☐**  **Prefer not to say ☐**  **If other, please state here**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Consent to record your information:** In order for UWLSU Advice to support you and manage your case, we will use the information you give us to set up a case file for you 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).*  **Consent to provide access to your file to our external quality auditors**: The UWLSU Advice Service is audited by an external body to ensure we are consistently delivering a quality service. Can your file be audited? **Yes ☐**  **No ☐**  If you have any questions about this, you can contact [uwl.su@uwl.ac.uk](mailto:uwl.su@uwl.ac.uk)  **How did you hear about our service?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Your Information:** | | | | |
| Student ID number |  | | Full name |  |
| What course are you on? |  | | Year/level of study |  |
| Contact number |  | | Can you access your student email account? | **YES ☐ NO ☐**  If no, please give an alternative email: |
| Are you over 18? | **YES ☐ NO ☐** | |
| Can we make any adjustments to ensure the appointment is more accessible to you? E.g., level access, hearing loop, low lighting, different fonts in emails etc.  **YES ☐ NO ☐**  If yes, please state here: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Student signature:**  **[Or name of UWLSU staff member if details taken over the phone]:** | | | | |
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