**HEALTH, WELLBEING AND FITNESS TO STUDY**

 **LEVEL 1 MEETING FORM**

**STUDENT’S NAME & ID NUMBER**

**STUDENT’S YEAR OF STUDY, PROGRAMME, DEPARTMENT & SCHOOL**

**PRIMARY PERSON (ROLE/TITLE AREA)**

**DATE & TIME OF MEETING**

**DETAILS OF CONCERN RAISED**

**DETAILS OF STUDENT’S RESPONSE**

**Any disability disclosed should be detailed on a separate form if the Student asks that this information is not passed on. See Disclosure & Consent Protocol.**

**ANY PREVIOUS ACTION TAKEN**

**OUTCOME OF MEETING/ACTIONS IDENTIFIED**

**Where relevant please include the date scheduled for the follow up meeting.**

**Signed by Primary Person Signed by Student**