Student Support Referral Form

Section 1: Student Details

Full name			
Date of birth	Click here to enter a date.	**Student ID**	
Email contact			
Phone contact			
Course Title/Code:			

Section 2: Referral Initiated By

Field	Response
Referrer Name	
Role	☐ Trainer ☐ Admin ☐ Student Support ☐ Compliance
Date of Referral	

Section 3: Summary of Concern/Need

☐ LLND support (language, literacy, numeracy, digital skills)
☐ Emotional/mental wellbeing
☐ Study load or time management support
☐ Career or pathway advice
☐ Behavioral concern or distress

☐ LLND support (language, literacy, numeracy, digital skills)
☐ Technology/digital access difficulty
☐ Other: _____

Section 4: Summary of Concern/Need:

Provide a brief explanation of why the referral is being made:

_____

_____

_____

Section 5: Immediate Action Taken

☐ Student notified of referral
☐ Basic support provided on-the-spot
☐ Emergency services called (if applicable)
☐ Notes added to student file or SMS
☐ Other: _____

Section 6: Referred To

☐ LLND or Foundation Skills Support
☐ Counselling or Wellbeing Service
☐ Digital Literacy Coaching
☐ Academic Mentoring
☐ External Agency (e.g. Lifeline, mental health clinic)

Section 7: Student Consent

☐ I consent to being referred to the support services listed above and understand the information provided will remain confidential within the limits of Australian College of Heath and Community policy and law.

Student Signature: _____

Date: _____

Section 8: Office Use Only

Action	Date	Staff Signature
Referral received by Student Support		
Support provided or booked		
Record updated in student file/SMS		
Follow-up scheduled		