##

## Fitness to Study Referral – Level 2

Student’s Name: Student ID Number:

Address:

Date of Birth: Email:

Mobile Phone: Home Phone:

Relevant person: Referrer (if different): Tutor:

This student is being referred to this level because (please tick as appropriate):

Agreement or resolution could not be met at Level 1 [ ]

The student has refused or failed to engage with the Level 1 procedure [ ]

The student has refused or has failed to engage in the agreed action plan at Level 1 [ ]

It is deemed more appropriate in the circumstances [ ]

The student wishes to appeal the outcome of Level 1 [ ]

**Or** the Relevant person continues to have concerns, please outline below:

|  |
| --- |
| **Brief factual description of the concern. Specific examples or observations are particularly helpful:**  |

**Completed by:**  D**ate:**

**Please email a copy of this form and any supporting documentation such as the ‘Note of Concern’ and ‘Agreed Action Plan’ from Level 1 to fitnesstostudy@tcd.ie**