##

## Fitness to Study - Note of Concern - Level 1

Student’s Name:

Student ID Number:

Address:

Date of Birth:

Email:

Mobile Phone:

Home Phone:

Concern raised by:

Concern reported to (Relevant Person):

Tutor:

**Brief Outline of Concern:**

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

**Comments/Observations of Academic, Admin, Support Staff, Others:**

|  |
| --- |
| Record observations with specific examples where possible from sources other than the person who first reported the concern. This can include comments or observations made by appropriate professional support services, academic support, tutors or other staff:  |

**Completed by: Date:**

**Please email a copy of this form and any supporting documentation to fitnesstostudy@tcd.ie**