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| **Student of Concern Referral Form** |
| Please complete this form to make a non-emergency referral due to significant concerns for the wellbeing of a student or the Mount Allison Community.**IMPORTANT**: This form is for **NON-EMERGENCY** referrals only. **If there is an imminent safety risk, do not complete this form. Call 911 and notify Mount Allison Security (506-364-2228).**Forms received though this referral process are typically reviewed within 2 business days. Anonymity of the person submitting this form cannot be guaranteed.For more information about the Student of Concern Case Team process, as well as resources about when to report and ways to provide support to a student please visit our [website](https://mta.ca/current-students/health-and-wellness/wellness-outreach-and-education/student-concern-case-team). |
| Your name:  |
| Your phone #:  | Your email: |
| Relationship to student (faculty, friend, etc.): |
| Name of student being referred: |
| Student # of referred student (if known): |
| Contact email of referred student: |
| Contact phone of referred student: |
| Please provide a detailed description of the events/situation. Include information on when a situation occurred or if it is on-going:  |

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| After completing this form:* Save this form with your changes
* Upload it [HERE](https://mountallison-my.sharepoint.com/personal/ccrossma_mta_ca/_layouts/15/onedrive.aspx?p=26&s=aHR0cHM6Ly9tb3VudGFsbGlzb24tbXkuc2hhcmVwb2ludC5jb20vOmY6L2cvcGVyc29uYWwvY2Nyb3NzbWFfbXRhX2NhL0VnWGFjVldGUnhkRXZxOU03RDNWTjRrQnpDckZmQUNBMjVQLTFvZnI1YktfSlE)

If the situation is urgent or an emergency, call 911 and notify MTA security (506 364 2228). |
| What happens next:* Referrals are typically reviewed within 2 business days
* You may be contacted by a member of the SOCCT for further information gathering and to offer resources and guidance to you
* Please note that information sharing regarding updates is limited to protect the student's personal privacy and confidentiality under provincial privacy regulations

If you are having issues with this form or uploading it, please contact Darcy Cormier (dacormier@mta.ca) or Matt Maston (mmaston@mta.ca). |

Important note: All information reviewed (reports, referrals, documentation) by the SOCCT are

subject to the Right to Information and Protection of Privacy Act (RTIPPA), and the Personal Health Information Protection and Access Act (PHIPAA) which regulate the colle ction, use and disclosure of personal information and personal health information, respectively.