

Student support

Confidentiality Agreement

Consent to disclose information

To co-ordinate support during your time at university, we may need to share information about your support needs with others. **We would only share information on a 'need to know' basis.**

If you have any queries, please contact the Student Services Hub (see over for contact details)

1. Student Information

Family name	First name
PRID	

2. Who we can share your information with

Tick all services we can share information with, when it is necessary to support you.

University staff providing a student service: (e.g. department, such as for Reasonable Adjustments (inc. DDLO), library, Essex Abroad, accommodation, and others as appropriate)	
My funding body: (e.g. Student Finance England, NHS, Research Council)	
External Service: (e.g. your Doctor, Social Services, Community Mental Health Team or other specialist support) <i>You must tell us who this is in section 4 overleaf</i>	
Off-Campus Accommodation Provider: If concerned about your wellbeing we may request a welfare check by your accommodation provider. <i>You must tell us who this is in section 5 overleaf</i>	
Parents/Carers or any other important person to you (over 18yrs old): <i>You must tell us who this is in section 6 overleaf</i>	

3. Terms and conditions

I understand that if I do not give consent to disclose information, for example to my department or other University services, it will be difficult for the University to make adjustments to help me access my course or other facilities within the University. I can request a change to this agreement at any time.

Signature	Date
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There may be circumstances where confidentiality needs to be broken and these are outlined in the confidentiality policy (see the University website for more information), but include occasions when disclosure is required by law or when a student's health or safety is at risk. You will be informed, as far as practicable, of any decision to breach confidentiality.



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4. External Service

(e.g. your Doctor, Social Services, Community Mental Health Team or other Specialist Support)

Agency name	Contact name	Address
Tel	Email (if known)	

I agree that the Student Wellbeing & Inclusivity Service and the service specified may exchange information including medical details held about me **where this is necessary to make sure I get the support I need.**

Your details:

Family name	First Name	Date of Birth
Address	Signature	Today's Date

5. Off-Campus Accommodation Provider

If we are concerned about your wellbeing you consent to us requesting that your accommodation provider carries out a welfare check.

Beyond The Box		Host		Other (please enter name and contact details):
Elmstead Place		Hythe Mills		
Forest Road House		The Maltings		

6. Parents/carers or other important person

Name(s)	Relationship	Address
Tel	Email (if known)	

