IR1

Student or Staff in Mental Distress

Incident Report Form 1

(consent must be obtained)

Name of person: Student/Staff (please circle)

E-Mail: Tel:

Address: GP (if known):

Date, Time and Place of Incident

Brief details of incident

(what happened, who was involved, action taken, other relevant information)

Who else has been informed about or is aware of the incident

(including University of Dundee staff, students, emergency services and family)

Reporter’s Details:

Name: Department:

Email: Tel:

Signature Date:

The above information shall be processed by the University Health Service only.

No other copies of this form shall be otherwise retained.

The information collected on this form will be used to notify you of appropriate health care interventions only. No other action will be taken unless information shared raises health professionals’ concerns. It will not be transferred outwith the Health Service without your explicit consent, excepting those circumstances where the university, or associated health professionals, are required to make disclosures by law, to other statutory services, or any person, as part of your care or need to share your information internally to protect the vital interests.

In signing this form you confirm that you have read and understood the above and consent to the information on this form being held and processed by the University Health Service for the purposes specified above.

Signature: Date:

Mark ‘Confidential’ and send this form to the University Health Service

University Health Service

 Support Hub,

Old Technical Institute

T: 384168 E: healthservice@dundee.ac.uk

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