|  |  |
| --- | --- |
| Date |  |
| Student Name |  |
| Student Number |  |
| Preferred mode of contact  (if mobile, please provide) |  |
| School, Year &  Course studying |  |
| Reason(s) for referral |  |
| Other relevant info |  |
| Referrer Name |  |
| Please sign here to confirm you have the student’s consent for referral |  |

**PLEASE NOTE**

**If the student is from the School of Health and Social Care, please do not send this form to Keep On Track and send it to the Student Experience Team**

**(**[**SHSCsupport@napier.ac.uk**](mailto:SHSCsupport@napier.ac.uk)**)**

**If you are aware the student is from a Widening Participation background, please do not send this form to Keep On Track and send it to Widening Participation**

**(**[**wideningaccess@napier.ac.uk**](mailto:wideningaccess@napier.ac.uk)**).**

*Students with a Widening Participation background may:*

* *Be a young carer*
* *Be estranged from their family*
* *Be care-experienced*
* *Have attended a Schools for Higher Education Programme (SHEP) such as LEAPS, LIFT OFF, Aspire North or Focus West*
* *Have completed a SWAP (Scottish Widening Access Programme) access course*
* *Be a government-recognised refugee or has asylum status*
* *Be from an SIMD20\* postcode*
* *Be a student joining year 2 or 3 of a degree after completing an HNC or HND at a Scottish college*