

CONFIDENTIAL

Student Support Coordination Program Referral Form

Student Support Coordination (SSC) Program

The SSC program seeks to provide a collaborative, person-centered, trauma-informed approach to supporting students experiencing complex support needs and/or multifaceted barriers which require coordinated responses and engagement with multiple university units and/or community service providers.

Student Support Coordinators (SSCs) can assist students with (including but not limited to):

- Creating practical support action plans that are sustainable and fit the unique needs of the student
- Navigating complex university systems to support academic success and overall wellbeing
- Communicating with various university stakeholders
- Fostering self-advocacy

Emergency

The SSC program is not an emergency service. In case of an emergency please contact 9-1-1, or if you have any safety concerns, please contact Campus Security: 250-721-7599

The following resources are also available for students with immediate need:

- SupportConnect free, confidential, 24/7 mental health support for UVic students 1-844-773-
- KUU-US Crisis Line Society First Nations & Indigenous people, 24/7, 1-800-588-8717
- Vancouver Island Crisis Line: 1-888-494-3888
- Trans Lifeline support for transgender people experiencing crisis: 1-877-330-6366

Instructions

If looking to consult before submitting referral to the program please contact the manger, student support @ 250-472-5605

- 1. Submit referral to oslreferrals@uvic.ca
- 2. A representative from the Office of Student Life will follow up within 3 working days by phone or email to provide either:
 - Confirmation of pairing student with a student support coordinator

 Recommendations for another support approach and resources 	
Referrer Information	
Name:	Email:
Unit/Dept:	Phone:
Consent	
The SSC program requires that staff/faculty obtain consent from the student before submitting a	
referral. Please contact the manager, student support if you have questions regarding this.	
Has the student provided consent:	
☐ Yes, with attached signed consent	
Yes, with verbal authorization provided on (mm/dd/vvvv):	



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Student Information		
Chosen Name:	Last Name:	
V#:	Email:	
Safety Planning Consideration		
Please note that this referral process is not an appropriate resource for imminent or emergency safety		
concerns (see emergency and crisis resources on page 1)		
Has the student expressed concern for their	Yes □ No □ Unknown □	
safety?		
Has the student expressed concern about	Yes □ No □ Unknown □	
harming others?		
Have others expressed concern for the student's	Yes □ No □ Unknown □	
safety, or the safety of others?		
Please describe the nature of the safety concerns and any steps/resources already engaged:		
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Reason for referral		
Please briefly describe reason(s) for referral and how a student support coordinator could support		
Please outline & include relevant descriptions of student's support needs:		
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Please briefly state the functions the SSC could support the student with:		
Is the student connected with other UVic or community supports/resources?		
(e.g., campus security, equity and human rights, counselling services, health services, crisis line, etc)		