**Availability for One-to-One Study Skills or Specialist Mentor Support**

***All sections to be completed***

|  |  |
| --- | --- |
| **Date Submitted:** |  |
| **Name:** |  |
| **Student ID:** |  |
| **Contact Telephone:**  |  |
| **Course Name:** |  |

**What is your preferred method of contact?** Phone / Email / Text

Please indicate below the times (9am- 7pm) that you **are available** for regular support.

Please note that if you have limited availability, this could mean a longer wait to be allocated a support worker who can match those times.

|  |  |
| --- | --- |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |

**Support Type:** Specialist Mentor / 1:1 Study Skills / Both

**Previous support staff (if applicable):**

**Would you prefer to work with a different tutor or mentor?** Yes / No

**Do you have any specific requirements?**

**Any Additional Information:**

Your name will be added to the waiting list and you will be informed when a suitable support worker becomes available.