**NHA Student Concern Form**

1. **I have a concern about;**
2. Myself b) Someone else
3. **Please let us know what the concern is about by circling or underlining any of the topics below;**
* Bullying/ Cyberbullying
* Taunting/ Teasing
* Peer on Peer Abuse/ Harmful Sexual Behaviour
* Physical Abuse
* Emotional Abuse
* Knife Crime/ Gangs/ Drugs
* Your Body/ Your Physical Health
* Your Mental Health
* Self-Harm/ Suicidal Thoughts
* Your Family/ Money/ Home
* Friendships
* Sexuality
* Sexual Relationships
* Staff at School
* The School Day
* Residential Care
* Beliefs and Cultures/ Race and Identity
* E-Safety
1. **Optional;**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_