Prospective Student Disability Disclosure Form

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**DISCLOSURE INFORMATION**

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| --- | --- | --- | --- | --- |
| I……………………………………………………………………………..(print full name) agree that my medical disability-related need(s) and/or condition(s) can be disclosed to appropriate members of New College of the Humanities staff to enable the provision of reasonable adjustments.  **Please provide details of your disability-related need(s) and/or condition(s):**  …………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………..  **Severity of disability: e.g. acute, chronic, temporary, progressive, remission**  …………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………  **Effect on daily life (please tick):**   |  |  |  |  | | --- | --- | --- | --- | | **□** Occasional | **□** Regular | **□** Minor | **□** Major |   By ticking any one of the following boxes you are consenting to the College obtaining and sharing information with:   * The Student Wellbeing Team and student’s GP * Any previous education provider(s) * The Student Wellbeing Team, student’s GP and relevant faculty and professional staff   Signature of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Will you require a Personal Emergency Evacuation Plan (PEEP)**  A PEEP is an agreed action plan that provides people, who may not be able to exit the building unaided, with the necessary information about emergency evacuations. It also allows us to know what level of assistance you may require. It doesn’t involve unnecessary disclosure of confidential medical information; it is just an agreement about what procedures to follow. Not every person with a condition will need a PEEP, but all building users should be sure they know what to do in an emergency evacuation of the building.  Please tick as appropriate:  Yes **□**  No **□**  **ADDITIONAL SUPPORT REQUIRED** |

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| Will you require any one-to-one support during your studies? | **Delete as appropriate**  Yes No | **Please provide further details** |
| Is there any special equipment that you are required to use on a day to day basis, and will you be bringing this with you? Please note that the College cannot be responsible for any equipment brought in by a student. It is your responsibility to ensure adequate insurance and/or maintenance is in place. | **Delete as appropriate**  Yes No | **Please provide further details** |
| Is there any requirement for additional equipment to be provided by the College (subject to assessment)? | **Delete as appropriate**  Yes No | **Please provide further details** |
| Do you have access to professional support to help with your disability/condition? (e.g. mental health team, disability advisor etc) | **Delete as appropriate**  Yes No | **Please provide further details** |

**Please note:**

* Partially completed forms cannot be processed
* Forms returned without a professional assessment as supportive evidence cannot be processed
* Completion of this form does not guarantee that the needs requested will be met. A thorough assessment will need to take place first
* A site visit to view the building in person is encouraged, to ensure you feel NCH is the right environment for you
* You may be required to provide additional evidence to support your application and / or attend a consultation.

**DECLARATION**

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| I confirm that the information given is true and correct.  I understand and consent to the sharing of information relating to my disability-related need(s) / condition(s) for the purposes of assessing my needs while at New College of the Humanities. |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return these forms to:

Emma Norman  
Learning and Assessment Support Officer  
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19 Bedford Square  
London  
WC1B 3HH

emma.norman@nchlondon.ac.uk

020 7637 4550

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| **Title: Prospective Student Disability Disclosure Form**  **Approved by: Academic Board** | | | | | |
| Version number | Date approved | Date published | Author | Location | Proposed next review date |
| 1.2 | April 2019 | April 2019 | LASO | Academic Handbook/ admissions | April 2020 |
| 1.1 | October 2018 | October 2018 | SWC | Academic Handbook/ admissions | April 2020 |
|  | | | | | |
| Referenced documents | Prospective Student Disability Disclosure Form - Guidance | | | | |
| External Reference Point(s) | UK Quality Code Theme: Admissions, Recruitment and Widening Access | | | | |