Student Disclosure Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTRODUCTION**

Under the Equality Act 2010, New College of the Humanities (the College) is legally obliged to make reasonable adjustments to meet the needs of students with a disability or a condition that requires extra support. The College strongly advises students to disclose any disability-related need(s) and/or condition(s) for their own safety at the earliest opportunity, in order to meet their individual study and personal safety requirements. [[1]](#footnote-1)

Students who have a disability, mental health-related condition or medical condition are advised to consent to share this information with College staff. who are best placed to assist the student in their studies (i.e. faculty staff and other relevant academic and professional staff) and to make the appropriate adjustments required under the Equality Act.

For the purposes of the Equality Act 2010, a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability in this context can include a wide range of issues and conditions. Typically, this would be one or a combination of the following categories:

• Specific learning difficulty/disability (SpLD) (e.g. dyslexia)

• Visual impairment - partial sight or blind

• Hearing loss - partial hearing or profoundly deaf

• Mobility difficulties or wheelchair use

• Restricted use of upper limbs (incl. RSI)

• Mental health illnesses

• Condition that is not visible (e.g. epilepsy, sickle cell anaemia, HIV)

• Condition not listed above (e.g. back injury)

• HIV, cancer or multiple sclerosis

The above list should not be seen as exhaustive. If a student feels that they have a condition that is affecting their ability to study effectively they should contact a member of the Student Wellbeing Team (SWT) as soon as possible, to consider their needs.

**Choosing not to give your consent may mean that no, or a less satisfactory reasonable adjustment can be offered; or no or limited support can be offered to meet your support needs.** If you wish to withdraw your consent, please contact the SWT for further advice.[[2]](#footnote-2)

|  |
| --- |
| **Disclosure Consent Given** |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name) agree that the information disclosed on this form can be disclosed to appropriate members of New College of the Humanities staff to enable the provision of reasonable adjustments and ongoing support.  Please provide details of your disability and/or medical condition:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you received support and/or treatment relating to this condition(s) through your GP and/or other relevant services in the past 6 months? Please give details and provide relevant documentation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUPPORT REQUIREMENT AND REASONABLE ADJUSTMENT NEEDS**

Please use the space below to let us know how your disclosure may impact upon your studies and whether you need any reasonable adjustments to be made. . Please provide as much information as possible, as this will help us support you appropriately and provide reasonable adjustments where possible. Continue on another sheet if necessary.

|  |
| --- |
|  |

Data provided by students is recorded and processed in accordance with the [Data Protection Policy](https://www.nchlondon.ac.uk/about-us/academic-handbook/nch-policies-and-procedures/data-protection/) and the General Data Protection Regulation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title: Student Disclosure Form**  **Approved by: Quality Team** | | | | | |
| Version number | Date approved | Date published | Author | Location | Proposed next review date |
| 2.3 | September 2019 | September 2019 | Learning and Assessment Support Officer | NCH Academic Handbook/ policiesandprocedures/ general | September 2021 |
| 2.2 | September 2019 | September 2019 | Learning and Assessment Support Officer | NCH Academic Handbook/ policiesandprocedures/ general | September 2021 |
| 2.1 | September 2018 | September 2018 | Student Wellbeing Coordinator | NCH Academic Handbook/ policiesandprocedures/ general | September 2021 |
|  | | | | | |
| Referenced documents | Student Retention Strategy | | | | |
| External Reference Point(s) | UK Quality Code Theme: Admissions, Recruitment and Widening Access; Equality Act 2010; Data Protection Policy; General Data Protection Regulation. | | | | |

1. Student Retention Strategy [↑](#footnote-ref-1)
2. For more information please refer to the [Student Confidentiality Statement](https://www.nchlondon.ac.uk/about-us/academic-handbook/nch-policies-and-procedures/nch-general/) [↑](#footnote-ref-2)