



Student details:

A. Title

Mr

Mrs

Miss

Ms

Forename(s)

Surname

Address

Date of birth

 / /

B. The diagnosis of the disability/mental health condition/medical condition

(if the student has more than one disability/condition, please include all information)

Date of diagnosis

 /

C. Is the disability/condition long term or likely to be long term?

(NB: the Equality Act states that a disability must be long term i.e. has lasted, or is likely to last for 12 months or more)

Yes

No

D. In your professional opinion does the condition/disability have a substantial effect on the student? (NB: the Equality Act states that a substantial effect is one that is more than a minor or trivial effect)

Yes

No

E. The impact of the condition (and where appropriate, medication & side effects) on the student's normal daily activities (especially those which may have an impact on studying, e.g. poor attendance, motivation, fatigue, social anxiety etc.)

F. Accommodation requirements
Does the condition necessitate a specific accommodation requirement? Yes No

Please select the reasonable adjustment requirement(s):

En suite Mini fridge On campus
Studio Lockable cupboard for medication Other

If other, please provide details:

G. Your details

Name

Job title

The name and contact details of the organisation you work for (please use your agency's stamp – alternatively please also include a covering note on headed paper)

Your Signature

Date

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