Additional Information Form

for Learning Difficulty/Disability/Health Condition

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| **1. About You** |
| **Name:** Click or tap here to enter text. | **Student Number (if known):** Click or tap here to enter text. | **Date of Birth:** Click or tap here to enter text. |
| **Proposed Year of Entry:** Click or tap here to enter text. | **Course:** Click or tap here to enter text. | **Applied/Applying for Residence? (Over 18s only):** Choose an item. |
| **Home Phone Number:** Click or tap here to enter text. |
| **Mobile Phone Number:** Click or tap here to enter text. |
| **Email Address:** Click or tap here to enter text. |

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| **2. Declaration of learning difficulty/disability/health condition** *(please indicate by checking all relevant boxes all that apply to you* ***and*** *provide relevant details in the text box below)*: |
| [ ] **Specific Learning Difficulty** e.g. Dyslexia/Dyspraxia/ Dyscalculia/ADHD |
| [ ] **Long Standing Illness/ Medical Condition e.g. asthma, diabetes, chronic pain disease** |
| [ ] **Social/Communication Difficulty** e.g. Asperger’s Syndrome, Autistic Spectrum Disorder |
| [ ] **Mental Health Difficulty** e.g. Depression/Anxiety/ Schizophrenia |
| [ ] **Physical Disability or Mobility difficulties** |
| [ ] **Hearing Impairment or d/Deaf** |
| [ ] **Visual Impairment** |
| [ ] **Other(s) not listed** *(Please provide details below)* |
| [ ] **No formal diagnosis at present** e.g. referred by GP and on waiting list *(please give details below)* |
| ***Provide details of your diagnosis/diagnoses & relevant dates e.g. date of diagnosis and last consultation (if applicable), indicate if on GP referral waiting list.***  |
| Click or tap here to enter text. |
| **3. HIGHER EDUCATION STUDENTS ONLY SHOULD COMPLETE SECTION 3 - Disabled Students’ Allowance (DSA)** |
| Have you applied for the Disabled Students’ Allowance? | Yes |[ ]  No |[ ]
| If not and you are potentially eligible, would you like support to apply? | Yes |[ ]  No |[ ]
| *N.B. DSA applications can take up to 14 weeks. More information on eligibility and applying for DSA can be found here:* [*https://www.ucas.com/finance/additional-funding/disabled-students-allowances-dsas*](https://www.ucas.com/finance/additional-funding/disabled-students-allowances-dsas) |

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| **4. Support you have had in place for you previously**  |
| Click or tap here to enter text. |

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| **5. Support and/or individual adjustments you feel you may require at WUC.** **Please consider in person support, exam support, physical accessibility, assistive technology, specialist equipment/aids etc.** |
| Click or tap here to enter text. |

# Information Sharing

University College staff with authorised access to information will be aware that you have a declaration on your application form. Any additional information you provide on this form will be kept confidentially and securely. In order to provide effective support during your time at Writtle University College, the Student Wellbeing and Inclusion Service will need to share and request information about your support needs with/from others. This information will only be shared on a “need to know” basis, where it is directly relevant and necessary.

If you consent to the sharing of your information provided in this form, **please indicate in the boxes below,** provide contact details (if appropriate). You can request a change to this agreement at any time. If you have any queries, please contact the Student Wellbeing and Inclusion Service.

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|[ ]  The course team including tutors, course administrator and/or other departmental staff (as appropriate) |
|[ ]  University College staff providing Student Services e.g. Accommodation, Library, Registry etc. |
|[ ]  External Agencies e.g. GP, Social Services, Community Mental Health Team, Care Agency, Youth Offending Team (as appropriate) |

# Student Declaration

**By checking this box** [ ] , you confirm that you understand, agree and consent to the following.

Disclosing that you have a disability, medical condition, mental health difficulty or SpLD does not require all information pertaining your declaration to be shared outside of the Student Wellbeing and Inclusion Service. We don’t share medical documentation (EHCP, medical form, Doctors Letters, Consultants’ letters etc), unless there are exceptional circumstances for doing so, including that they are requested/needed to help respond to an appeal or complaint or application for Extenuating Circumstances that you have made.

Information will be shared when disclosure is required by law; for teaching, learning and assessment purposes; and/or when a member of the WUC community’s health/safety/welfare is at risk. I understand that I will be informed, as far as practicable, of when the decision has been taken to share relevant information. I understand that if I do not give consent to share information (for example to the course team or other University College services) it may be difficult for the University College to make adjustments to help access the course or other facilities within the institution. In this instance, I understand that WUC may only be able to provide me with more general advice and information.

All information and evidence provided in this form is true and correct to the best of my knowledge. If I wish to change this agreement, I will contact the Student Wellbeing and Inclusion Service. Information will be kept in line with WUC’s Record Retention Policy.

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| **Date of completion:** | Click or tap to enter a date. |

# Contact Details for the Student Wellbeing and Inclusion Service

**For Further Education Applicants**

Phone: 01245 424200; Email: LearningSupport@writtle.ac.uk

**For Higher Education Applicants (e.g. Degree and Postgraduate)**

Phone: 01245 424200 Ext: 25717; Email: HEDisability@writtle.ac.uk