ILP Request Form 24/25 - Disability Advice and Support

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| Before completing this form, please ensure that you read the following with regards to how your information may be shared with other staff within the University, and about declaring your health to the University - [current students declaring a disability](http://www.exeter.ac.uk/media/universityofexeter/wellbeing/Current_Students_Declaring_a_Disability.pdf). |

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| **First name: \*** |  |
| **Surname: \*** |  |
| **Pronouns:** |  |
| **Student Number (e.g.710045678): \*****University email address:\*** |  [Control] |
| **Mobile number: \*** |  |
| **Which campus will you study on? \*** |       |
| **Which appointment format would you prefer? \*** |      |
| **1) Please complete the following declaration by ticking the relevant disability/health condition. You can select more than one.** |    \_\_ Social/Communication impairment \_\_ Blind or serious visual impairment \_\_ Deaf or serious hearing impairment \_\_ Long standing illness or health condition \_\_ Mental health condition e.g. depression \_\_ Specific learning difference e.g. dyslexia \_\_ Physical impairment or mobility issues \_\_ Disability, impairment or medical condition \_\_ Two or more impairments \_\_ Prefer not to say |
| **2) Please describe your medical condition/physical disability/mental health or specific learning difference:** |  |
| **3) Please select the main areas affected by your medical condition/physical disability/mental health diagnosis or specific learning difference:****Please hold down the Ctrl or Cmd key to select multiple options** |  \_\_ Fluctuations in mood  \_\_ Fluctuating anxiety levels  \_\_ Concentration  \_\_ Motivation  \_\_ Confidence  \_\_ Energy levels/fatigue  \_\_ Reading speed and accuracy  \_\_ Note taking  \_\_ Organisation  \_\_ Co-ordination  \_\_ Handwriting \_\_ Processing speed \_\_ Short-term memory \_\_ Communication/social difficulties \_\_ Physical health \_\_ Attendance \_\_ Heightened stress in relation to deadlines \_\_ Sleep \_\_ Eating and appetite \_\_ Presentations \_\_Participation i class discussions \_\_ Answering questions in class \_\_ Establishing a routine |
| **4) Have you had any academic adjustments previously? Please note these will not automatically continue at the University.****5) If you are seeking teaching and/or exam adjustments, please note them here:\*** |     [Control] |
| **5) Are you currently being supported by a mental health service or practitioner (eg Doctor, psychiatrist, Community Mental Health Team or other relevant services)?** |  |
| **Please give further details:** |  |
| **Please upload any relevant supporting evidence when submitting this form. If you don't have supporting evidence or would like guidance on this, please book an appointment by calling 01392 723 880.** |  |
| **I confirm that the above information is correct to the best of my knowledge and that I have read the document ‘Declaring a Disability or Health Condition’. I will inform Wellbeing Services of any change in my circumstances. I consent to my information being shared within the University in order for the relevant support to be put in place. If you have any further queries or problems submitting this form, you can call Wellbeing Services on 01392 724 381, and our team will be happy to help. \*** |     |

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