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**University of London**

**Access Requirements Disclosure Form**

**For the attention of all applicants and students who have a disability and / or other access requirements**

The University of London will do its best to support you to successfully complete your studies. Please note that we cannot guarantee that we will be able to meet your requirements, and any support may be subject to agreement with your examination centre. Making access arrangements can be a lengthy and complicated process and it is important that we discuss them as soon as possible.

Please let us know if you have any access requirements so that we can discuss possible support. We may be able to provide support such as examination access arrangements or the provision of study materials in an alternative format.

Examples of students who may require examination access or support arrangements include:

* Disabled students   
  (For more information about what constitutes a disability, see the definition below)
* Students with learning difficulties
* Students with a medical condition
* Students who are serving with armed forces
* Students with legally imposed travel restrictions
* Students who are currently in prison

**What is a disability?**

The UK’s Equality Act 2010 defines disability as:

* a physical or mental impairment
* an impairment which has a substantial adverse effect on the person’s ability to carry out normal day-to-day activities and is likely to last more than 12 months.

Any information that you provide about your requirements will be handled separately from the application and registration process, and in confidence. For more information about how we will deal with this information, please see our document ‘*How we process data about students’ access requirements’*.

**Section 1: Your contact details and programme of study**

**Surname / family name:**

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

**First / given name(s):**

**Title:**

**Student number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth (dd/mm/yyyy):** \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

(only required ifstudent number is not known)

**Programme of study for which you are applying or have registered:**

**Section 2: Disability and medical conditions**

Do you consider yourself to have a disability and/or learning difficulty and/or medical condition as defined above? For example, are you a wheelchair user, visually impaired, deaf or hard of hearing? Do you have dyslexia, epilepsy?

(please delete, as appropriate)

Yes No Prefer not to say at this stage

If you have answered yes to this question, and in order to help us to make any access arrangements that may be necessary, please tell us more about your disability or medical condition. Please select below which category/categories you think best describes your disability/disabilities (please select as many of the following as apply to you):

(To select a category please write “Yes” in the brackets provided next to each of them)

Specific learning difficulties (e.g. dyslexia) [ ]

Blind or partially sighted [ ]

Deaf or hard of hearing [ ]

Mobility impairment / wheelchair user [ ]

Physical coordination impairment (e.g. muscular, manual dexterity or upper limb disorder) [ ]

Autistic spectrum condition [ ]

Speech impairment [ ]

Mental health condition [ ]

Long-term and / or chronic medical condition or unseen disability   
(e.g. diabetes, epilepsy, HIV positive) [ ]

Other (please specify):

**Section 3: Other requirements**

Are you currently in prison? (please delete, as appropriate)

Yes No

Do you have a legally imposed travel restriction? (please delete, as appropriate)

Yes No

Are you serving in the armed forces? (please delete, as appropriate)

Yes No

Do you have any other access requirements not mentioned above and require access arrangements? (please delete, as appropriate)

Yes No

**Section 4: Arrangements being requested**

**Examination arrangements**

Do you wish to apply for examination access arrangements (e.g. wheelchair access, examination papers to be in Braille or large print)? (please delete, as appropriate)

Yes No

If you have answered yes, please describe the arrangements that you would like:

**Study materials arrangements**

Where the University of London provides study materials for your programme of study, do you wish to apply for these in a particular format (e.g. large print, Braille)? (please delete, as appropriate)

Yes No

If you have answered yes, please describe the format(s) that would meet your requirements:

**Section 5: Evidence in support of your request**

In order to determine what access arrangements may be suitable, we will need to see documentary evidence in support of your request. For example, if you have a disability or medical condition, we require a report from your doctor or other medical evidence to confirm this.

You can send us supporting evidence now, if you have it available, or you can supply it to us later if you do not have it now or would prefer to wait. We will not be able to confirm any arrangements for you until we have received the appropriate evidence.

Any evidence or other information about your requirements that you provide will be treated in confidence.

**Section 6: Declaration**

In order to make any access arrangements that you have requested, we may need to share some of the information that you provide to us. We respect your right to confidentiality and assure you that the information you provide to us will be handled sensitively and with discretion, and in accordance with the principles set out in the General Data Protection Regulations.

For more details about how we will deal with the information that you provide, please see our document: ‘How we process data about students’ access requirements’. You are also welcome to contact our Inclusive Practice Manager if you have any queries or concerns about this that you would like to discuss.

1. I declare that the information I have provided and the statements I have made on this form are, to the best of my knowledge and belief, true and correct.
2. I give permission to the University of London to share information that I have provided with others, as appropriate.

I have read the declaration above and agree to these statements:

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Where to send this form and any evidence:**

Please ensure that you have completed all the relevant questions in full and that you have read and signed the above Declaration.

It is strongly recommended that you return this form together with the supporting medical evidence **as soon as possible** – especially if you have made a request for examination access arrangements to be made and/or your study materials to be provided in an alternative format. In order to consider your request, we will need to receive:

* your completed form;
* your signed consent to the Declaration on the previous page; and
* supporting evidence.

Once we have all the required information, your request will be considered by the Inclusive Practice Arrangements Panel. You will be notified of the outcome, in writing, as soon as the decision is taken.

You can send the completed form and supporting evidence in hard copy or electronically. It should be sent to:

Diana Maniati

Inclusive Practice Manager

University of London

Ground Floor, Stewart House

32 Russell Square

London WC1B 5DN

United Kingdom

Email: [special.arrangements@london.ac.uk](mailto:specialneeds@london.ac.uk)

Tel: +44 (0)20 7664 4824

Thank you for telling us about your disability or other access requirements.