

For office use only

Date received: _____

Academic year: _____

Student ID no: _____

EDUCATION SUPPORT FORM

Only complete this form if you have a learning difficulty/disability/medical condition/mobility difficulty

All data will be held in accordance with the provisions of the DATA PROTECTION ACT.

To be completed by the Student/Parent/Guardian/Lecturer

Name of Student: _____

Campus: _____ Date of Birth: _____

Course: _____ Year (1, 2, etc): _____

Course Co-ordinator _____

Have you previously received Education Support in the college? Yes No

Address: _____

Postcode: _____

Email address: _____

Telephone no (home): _____

(Mobile): _____

Preferred method of contact Post Email Telephone Call Lecturer

Please turn over the page.

If you have a **learning difficulty, disability or a medical condition** which might affect your studies and for which any special arrangements might have to be made, **please tick** the appropriate box below. If you do not wish to state your need, simply write "Please contact me for details" – that way your discretion is ensured, and you will be contacted by phone.

Dyslexia/Dyscalculia/Dyspraxia	<input type="checkbox"/>	Learning Difficulty (Literacy & Numeracy)	<input type="checkbox"/>
Vision	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	Speech Difficulty	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>

Other (please state) _____

A medical condition, eg severe allergy, diabetes, asthma (please state) _____

Are you taking particular medication that we need to know about? Yes No

If yes, please specify _____

Do you have any illness/condition that requires you to attend regular appointments during timetabled classes? Yes No

If yes, please state _____

Have you ever had a Statement of Special Educational Needs/Transition Plan? Yes No

Do you require additional education support? **Yes** **No**

If yes, please outline:

Your health and safety is important to us. Would you require assistance during an emergency evacuation? **Yes** **No**

I agree all information can be made available to relevant college staff as needed.

Signature: _____ **Date:** _____

Please return this form as soon as possible to the reception of your campus:

Education Support Co-ordinator
Northern Regional College