**Disability Department **

**Self-Assessment Form**

**(Stage1)**

* Please complete this form and return to the Disability officer to notify of any special circumstance relevant to your application.
* Students with medical conditions relevant to their student status must declare what those conditions are
* Relevant External documents (e.g. medical certificate, letter from other professional) may be attached and must be in English translation.

**Applicants Details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Student ID Number** |  |
| **Current Address** |  |
| **Tel/Mobile Number** |  |
| **Email**  |  |
| **I would like to consider my self-assessment to be taken into consideration in respect of**(State the condition that is of concern) |  |

**Self-Assessment**

1. **Medical Condition(s) and Treatment.**

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| --- |
| Please list any current medical condition(s) and describe how they are relevant to your place as a student on the course for which you applied.  |

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| --- | --- | --- | --- | --- | --- | --- |
| 1. **How severe is your medical condition? (**Tick all those that apply**).**

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 Major effect on dailylife

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|  |

Some effects on daily life

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| --- |
|  |

No effects on daily life

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| --- |
|  |

Temporary Condition

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|  |

Progressive Condition

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| --- |
|  |

Chronic Condition**\*Chronic condition = continuous or persistent over an extended amount of time.** |

1. **Disability Status (**Please tick Yes or No for each question**)**

|  |  |  |
| --- | --- | --- |
| **Mobility and Walking**  | **Yes** | **No** |
| Walking normally  |  |  |
| May occasionally have some difficulty, but fully independent for walking |  |  |
| Can climb up and down the stairs without assistance |  |  |
| Need assistance with walking up and down stairs |  |  |
| Cannot walk up and down stairs |  |  |
| Uses walking aid (crutches, stick etc.) |  |  |
| Need a wheelchair to get around |  |  |
| I will be able to travel to and from the college using public transport without assistance |  |  |
| Use of any other type of assistance walking If yes, Please Specify……………………………………………………………………............………………………………………………………………………………………………………………. |  |  |

|  |  |  |
| --- | --- | --- |
| **Vision Impairment (**may be completed by a nominated person**)**  | **Yes** | **No** |
| Do you have any visual impairment requiring specialist equipment (e.g. high contrast display screen)? |  |  |
| Are you registered blind |  |  |
| Do you read Braille |  |  |
| Do you use walking aids as a result of your vision |  |  |
| Other visual limitations? If yes, please specify………………………………………………………………………………..………………………………………………………………………………………………………………… |  |  |

|  |  |  |
| --- | --- | --- |
| **Speech Impairment** | **Yes** | **No** |
| Do you have any speech impediments?If yes, please specify…………………………………………………………………………………………………………………………………………………………………………………………………………………… |  |  |

|  |  |  |
| --- | --- | --- |
| **Hearing Impairment**  | **Yes** | **No** |
| Is your hearing unimpaired |  |  |
| Do you use any type of hearing aid |  |  |
| Other hearing limitationsIf yes, please specify………………………………………………………………………………………… |  |  |

|  |  |  |
| --- | --- | --- |
| **Learning disability/ difficulty** | **Yes** | **No** |
| Have you ever been diagnosed learning disability  |  |  |
| Have you ever had a statement of Special Educational Needs (SEN) |  |  |
| Other learning disability If yes, please specify………………………………………………………………………………………… |  |  |

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| --- | --- | --- |
| **Other conditions which u class as disability** | **Yes** | **No** |
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1. **Other circumstance relevant to your place as a student while studying.**

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| --- |
| Please list any relevant circumstances, not related to medical conditions, and describe how they may be relevant to your student attendance requirements. |

1. **Based on current information, how long do you expect your circumstances/condition to continue to be relevant to your student requirements?**

*The information in this self –assessment will be considered in the first instance by the Disability Officer. Applicants will have 1 to1 with the disability officer and be notified of the outcome within the shortest practicable time and would the advised on the next step of proceedings.*

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Under three months

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|  |

 3 Months to 1 year

|  |
| --- |
|  |

 1 – 2 Years

|  |
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|  |

Life long |

1. **Declaration**

**I have been requested in this form to provide information about myself to…………**

**I understand that the college will hold, process and use this information strictly to assist in carrying out its functions as an academic institution and to assess my student requirements.**

**I give permission to the Disability Officer/Department to request further information about my condition(s) and seek professional opinions.**

**I understand that omission from or falsification of information on this form may invalidate my place as a student.**

|  |  |
| --- | --- |
| **Signature of Applicant ………………………………………** | **Date………………………….** |
| **Signature of Disability Officer………………………………** | **Date………………………….** |