



UFORM015 Evidence of Disability Form Rev 1

Instructions for Completion

- A relevant Medical Consultant / Specialist who has the training and experience with the condition / disability must complete this form (please refer to UniHaven Student Guide to Providing Evidence of Disability).
- This form must be stamped.
- All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g., Dyslexia), who must provide a recent Educational Psychologist's report.

1 Student Details

Please complete ALL sections below in TYPE or BLOCK capitals:

Name of student:
Date of Birth:
Phone Number:

2 Qualified Health Professional/Specialist

Name, Title of <u>Consultant/Specialist</u> :
Phone (including area code):
Position/Professional Credentials:
Date of Report:

If you are a GP or other health professional (not a Consultant or Specialist), please tick the relevant box below:

I have a diagnosis on file from the appropriate consultant/specialist named above:

N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.



OR

I can confirm that I have diagnosed this person with a disability e.g., depression/acute anxiety:

The GP or other health professional should now complete sections 3-7 as appropriate.

3 Disability Information (to be completed by qualified health professional)

Disability type (please tick)

ADHD		Neurological Condition		Autism Spectrum Disorder		Significant ongoing illness	
Blind/visual impairment		Physical Disability		Dyspraxia		Specific Learning Difficulty	
Mental Health Condition		Deaf/Hard of Hearing		Specific Learning Difficulty		Speech and Language Communication Disorder	

Please state the specific name of the Disability

Date of Diagnosis/Onset of Disability

4 Please Briefly Describe the Course of the Condition i.e., will remain static, may have periods of relapse/remission, may deteriorate.

Duration: Ongoing/Permanent

Temporary

Fluctuating



5 How does the disability/medical condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.)?

6 Please describe measures currently being taken to treat the disability (e.g., medication, therapy)

7 What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g., examination accommodations, adaptive equipment etc.)?



8 Where a Consultant has completed this form, Consultant must complete the details below:

Consultant's Signature: _____ Date: _____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition, it should be stamped or accompanied by a business card or headed paper.

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.

9 Where a GP has completed this form, GP must complete the details below:

GP's Signature: _____ Date: _____

GP Registration Number:

--	--	--	--	--	--	--	--

Name of GP: _____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition, it should be stamped or accompanied by a business card or headed paper.

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.



UniHaven Student Guide to Providing Evidence of Disability

Type of Disability	Type of Documentation	Appropriate Professional
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician
Autistic Spectrum Disorder (including Asperger's Syndrome).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician
Blind/Vision Impaired	Evidence of Disability Form OR Existing report. N.B. Evidence from high street retailers not acceptable.	Ophthalmologist OR Ophthalmic Surgeon OR Letter from the National Council for the Blind confirming registration with the council. OR If a student has attended a school for the Blind, a letter on headed notepaper signed by the principal which confirms attendance at the school. The evidence of disability must confirm that: The Best Corrected Visual Acuity is equal to or less than 6/24 (Snellen) in one eye OR Near Vision N18 or less in one eye. OR The Peripheral Field of Vision is limited to the extent that it interferes with normal visual acquisition of visual material e.g., Homonymous Hemianopia. OR The Central Field of Vision is limited to the extent that it interferes with normal visual acquisition of visual material e.g.,



		Stargardt's Disease OR Cortical visual impairment as part of a brain insult resulting in an inability to process visual information
Deaf/Hard of Hearing:	Evidence of Disability Form OR Existing report N.B. Evidence from high street retailers not acceptable.	An audiogram from a professionally qualified Audiologist and/or ENT Consultant, with signature, clearly indicating moderate to profound bilateral hearing loss (i.e. above 40dB). OR If a student has attended a school for the Deaf, a letter on headed notepaper signed by the principal which confirms attendance at the school.
Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.	Full psycho-educational assessment AND Evidence of Disability Form OR Existing report	Psychologist AND Occupational Therapist OR Neurologist OR Chartered Physiotherapist
Intellectual disability	Evidence of Disability Form OR Existing report from relevant Specialist	Relevant Specialist
Mental Health Condition	Evidence of Disability Form completed no more than 5 years before point of Needs Assessment. OR Existing report which must be no older than 5 years at point of Needs Assessment.	Consultant Psychiatrist OR Specialist Registrar.
Neurological Condition (incl. Epilepsy and Brain Injury).	Evidence of Disability Form OR Existing report	Neurologist OR Other relevant Consultant
Physical disability	Evidence of Disability Form OR Existing report	Orthopaedic Consultant OR Other relevant consultant appropriate to the disability/condition
Significant ongoing illness	Evidence of Disability Form no more than 5 years before point of Needs Assessment. OR	Diabetes Type 1: Endocrinologist OR Paediatrician. Cystic Fibrosis (CF): Consultant Respiratory



	Existing report which must be no older than 5 years at point of Needs Assessment.	Physician OR Paediatrician. Gastroenterology Conditions: Gastroenterologist. Other Conditions: Relevant Consultant/ Specialist in area of condition
Speech and Language Communication Disorder	Evidence of Disability Form OR Existing report	Speech and Language Therapist
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	A full Psychological Assessment Report.	Psychologist