

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 <u>(please refer to UniHaven Student Guide to Providing Evidence of Disability)</u>.
- 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:	
Phone Number:	

2 Qualified Health Professional/Specialist

Name, Title of Consultant/Specialist:

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



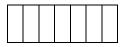
8 Where a Consultant has completed this form, Consultant must complete the details below:

Consultant's Signature:	Date:
Official Stamp: This form must be completed and signed b	by the
appropriate professional. In addition, it should be stampe	d 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:

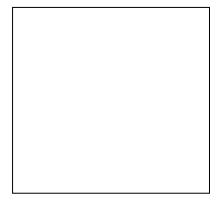


Name of GP: _____

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	Evidence of Disability	Consultant Psychiatrist
Disorder (ADD) /	Form OR	OR
Attention Deficit	Existing report	Psychologist
Hyperactivity Disorder	0	OŔ
(ADHD).		Neurologist
		OR
		Paediatrician
Autistic Spectrum	Evidence of Disability	Consultant Psychiatrist
Disorder (including	Form	OR
Asperger's Syndrome).	OR	Psychologist
,	Existing report	OR
		Neurologist
		OR
		Paediatrician
Blind/Vision Impaired	Evidence of Disability	Ophthalmologist
	Form	OR S
	OR	Ophthalmic Surgeon
	Existing report.	OR
		Letter from the National Council for
	N.B. Evidence from high	the Blind confirming registration
	street retailers not	with the council.
	acceptable.	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	Physician
	be no older than 5 years at	OR
	point of Needs Assessment.	Paediatrician.
		Gastroenterology Conditions:
		Gastroenterologist.
		Other Conditions:
		Relevant Consultant/
		Specialist in area of condition
Speech and Language	Evidence of Disability	Speech and Language
Communication	Form	Therapist
Disorder	OR	'
	Existing report	
Specific Learning	A full Psychological	Psychologist
Difficulty (incl.	Assessment Report.	, .
Dyslexia &		
Dyscalculia)		