



DISABILITY DISCLOSURE FORM

Disability related study support

Riara University is committed to making reasonable adjustments to enable you to participate fully in academic life. We want to recognize your individual needs in relation to your study. Kindly supply us with information of any disability you have that might impair your learning to help us support your academic life at Riara University.

Please complete this form and return it to the Dean's Office.

Section 1: Personal details

Last name	
First name	
Date of birth	
Permanent address	
Mobile telephone number	
Other telephone number	
Email (not RU email address)	

Section 2: Admissions details

Full title of your course:	
School	
Start date (month and year):	
End date (month and year):	

Section 3: Disability or medical condition

Nature of disability or medical condition (please tick those that apply):

- Dyslexia, dyspraxia or any other Specific Learning Difficulty
- Visual impairment
- Hearing impairment
- Mobility difficulties
- Mental health difficulties
- Asperger's syndrome or an autistic spectrum disorder
- Other (please specify):

How does your disability or medical condition affect your study?

Please attach a letter or report from your doctor. We may otherwise not be able to help you without this information.

Section 4: Consent (please read and sign)

I understand that information about my disability related study needs will be shared within the University on a need-to-know basis within the terms of the University's confidentiality policy.

This means that key people involved in supporting me will have information about my disability related study needs, and may communicate with one another. These people are likely to include faculty, administrative staff, management staff, library staff, educational psychologists, University doctors and other healthcare professionals.

I also understand that my parents, guardians or other named persons may remain closely involved in which case it is important that the University should be able to contact them to discuss your disability related study support needs.

I understand that if I do not consent to information being shared in this way, it may not be possible for the University to put support arrangements in place for me.

Declaration

Please ensure you have read the above section before completing

Please tick the relevant boxes:

YES

NO

I consent to disclosure within the above limits

I am willing for the University to discuss my support needs with my parent or guardian

Signature:

Name (PRINTED):

Date: