

Support Needs Enquiry Form

The responses that you provide on this form will be used by the Learning Support team to find out whether you may require assistance to help you make the most of your time at university. You may need support for one or more reasons: physical impairment, Specific Learning Difficulty, mental or physical health issues. To provide appropriate support for you during your course, we may need to share the information you provide on this form with others, this will be done with your permission.

The sooner you provide us with the information, the sooner we can discuss reasonable adjustments and therefore we encourage you to complete this form if you have support requirements. You are however not obliged to complete this form and can call into Student Services at any time during your studies with us at university to discuss support.

Personal Details

Title Mr / Mrs / Miss / Other	
Surname / Family Name	
Forenames / Given Names	
Date of Birth (DD/MM/YY)	
Permanent / Home Address (to	o include post code)
Country	
Home Telephone Number	
Mobile Phone Number	
E-mail	
Correspondence Address (If dif	fferent to above)
Country	
University Choice	
Programme of Study	
Campus	
Month and year of entry onto course	
Level of study – 4, 5, 6, post- graduate	
Full-time, Part-time or	

Disability

Disability						
Are you affected by any of the	Are you affected by any of the following? If yes, please tick all that apply					
Physical Impairment (mobility	()		Visual Impairment	Не	aring Impairment	
Mental ill health			Diabetes	Ер	ilepsy	
Asthma						
Specific Learning Difficulty (e.g. Dyslexia, Dyspraxia, ADHD, Asperger's Syndrome, ASD)						
Other (please elaborate)						
Medical condition (please elaborate)						
Please provide evidence of t	the ab	ove	if possible by attaching t	he rele	vant document(s) v	when
returning this form. Please tid	ck all f	orms	s of evidence you are provi	iding.		
Doctor / consultant letter		Διια	liology report		Other:	

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	ne above if possible by attach		vant document(s) when
returning this form. Please tic	k all forms of evidence you are p	roviding.	
Doctor / consultant letter	Audiology report		Other:
Psychiatric report	Optician report		
School report	OT / social services report		
Educational / psychological report	Specialist teacher repor	t	
Please describe how you think around campus, note-taking, p	you may be affected when you	are a stude	nt with us (e.g. Mobility
around campus, note-taking, p	nesentations _j		
	any medical treatment or medic		
assessment that might affect you when you come to university? Yes No If yes, please explain below.			No
ii yes, picase explain below.			

Disabled Students Allowances (DSA) (For UK Students only)

The Disabled Student Allowances is a non-means tested grant awarded by Student Finance to provide students who have a long standing disability with academic support whilst in higher education.

Have you made an application for Disabled Student Allowance for your new course?		
Yes, already applied No		
For more information go to www.studentfinancewales.co.uk if you live in Wales or if you live in		
England www.gov.uk/disabled-students-allowances-dsas.		

International Students

International students are not able to claim DSA, however, international students may be able to get support funding through their home government, sponsor or scholarships. There may also be charitable trusts and organisations that can be contacted for funding.

Have you applied for any International funding for support?	Yes	No	
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Emergency Evacuation

Would you require assistance if you had to exit a building quickly in an emergency?	Yes	No	
If yes, please elaborate.			

Accommodation

There is limited university accommodation in Carmarthen, Lampeter and Swansea for UWTSD students.

Do you intend to apply for UWTSD accommodation?	Yes		No		
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Personal Care Support

If you require personal care support at university please contact your local authority (UK students only) as soon as possible to discuss this as it can take a considerable length of time to organise and is not provided by the university.

Additional Information

there anything else you would like to tell us?	

Declaration

I consent that details disclosed on this form will be held by the Learning Support team and these, including my contact details if necessary, will be passed onto relevant university staff in order to discuss reasonable adjustments as part of the application process. I understand this arrangement can be reviewed at any point unless there is an immediate safety issue.

Signature	
Date	

This form may be submitted electronically to <u>disability@uwtsd.ac.uk</u> or as a hard copy by post to the relevant address below:

Birmingham Sparkhill:

a.leonard@uwtsd.ac.uk

Ang Leonard, Disability Adviser, UWTSD Birmingham Learning Centre, 636 Stratford Road, Sparkhill Birmingham, B11 4AR

Tel: +44 (0)300 323 0178

Birmingham Victoria House, Quay Place:

h.jacobson@uwtsd.ac.uk

Hana Jacobson, Disability Adviser, UWTSD, Victoria House, Quay Place, Edward Street, Birmingham , B1 2RA

Tel: +44 (0)121 229 3011

Carmarthen / Wales International Academy of Voice (WIAV) / Canolfan Berfformio Cymru (CBC):

disability@uwtsd.ac.uk

Helen Davies, Disability Adviser, Student Services, UWTSD, Myddfai Building, Carmarthen, SA31 3EP Tel: +44 (0) 1267 676822

Lampeter:

disability@uwtsd.ac.uk

Nerys Williams, Disability Adviser, Student Services, UWTSD, Canterbury Building, Lampeter, SA48 7ED

Tel: +44 (0) 1570 424960

London (Oval / Holborn):

a.luck@uwtsd.ac.uk

Abi Luck, Disability Adviser, Student Services, UWTSD, Winchester House, 11 Cranmer Road, London, SW9 6EJ

Tel: +44(0) 2075 667600

Swansea / Outreach Centres:

disability@uwtsd.ac.uk

Louise Salmon or Kimberley Jenkins Disability Advisers, Student Services, UWTSD, Room 104N (Learning Support), IQ Building, Heol Ynys, Swansea, SA1 8EW

Tel: +44 (0) 1792 481195