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**Support Request Form**

The Disability Service at the University of the West of Scotland offers support and advice to any student who has a disability or specific learning difficulty, for example dyslexia.

If you have a disability please complete this form and return it to the Disability Service as soon as possible. Please be aware that the Disability Service will require evidence of your disability. This can be a letter from your GP or consultant, an Educational Psychologist report, prior Needs Assessment report etc. Where possible please return your evidence along with your completed Support Request form.

If you think you have a specific learning difficulty, such as dyslexia, and would like more information about support available, please clearly indicate this in section F.

If you have a temporary injury or a short illness (an illness that has lasted or is expected to last less than 12 months) please do not complete this form. Please discuss any support you feel you may require with your personal tutor.

If you require this form in an alternative format please email us **disabilityservice@uws.ac.uk**.

Further information can also be found on our website:[**www.uws.ac.uk/disabilityservice**](http://www.uws.ac.uk/disabilityservice)

**A: Your Data**

The information you provide on this form will be used to help us provide you with the support you need during your studies.  We will process the information we hold about you in line with the data protection legislation.  You can find out more about this by reading our Privacy Notice for Disability Support [on our web page.](http://www.uws.ac.uk/disabilityservice)

Under the General Data Protection Regulation we need your permission before we share any information about your disability with a third party outside of the University (unless there is a legal obligation on the University to provide the information).  We also obtain your permission before we share the information you have provided to us with other colleagues in the University.  Unless we have your consent we will not share your information but you should be aware that if you do not provide your consent then **this may limit the level and type of support the University can provide for you.** For example, we may not be able to speak to the relevant people to request reasonable adjustments are made for you.

If you do want to give consent to allow the University to share your disability information please indicate this below:-

**Within the university**

I give my consent for information to be released and liaison to take place between Disability Services and other University colleagues/ departments.

Yes 󠆷

No 󠆷 (Please be aware this may limit the support we are able to recommend/provide)

**Outside of the University**

I give my consent for information to be released and liaison to take place between Disability Services and the services ticked below. (Please tick all that apply.)

Funding Body e.g. SAAS, SFE etc. 󠆷

Equipment Supplier e.g. Concept Northern 󠆷

**Please note the following section is optional, you should only complete this section if you require us to share information with a named individual, for example if you have a communication difficulty.**

I give my consent for information to be released and liaison to take place between Disability Services and the individuals listed below.

Secondary School or College Contact 󠆷 Name: …………………………………………..

Family Member/Friend/Advocate 󠆷 Name: …………………………………………..

You should note that in certain **exceptional** circumstances (such as where there is an immediate and serious threat to your personal safety or to the safety of others), we may disclose your information without your consent.

Signature……………………………..  Name…………………………………. Date……………………………….

**B: Your Contact Details**

|  |  |
| --- | --- |
| Banner Number: |  |
| Name: |  |
| Date of Birth: |  |
| Mobile Number: |  |
| Email Address: |  |
| Address: |  |
| Campus of Study: |  |

**C: Your Disability**

|  |
| --- |
| Please tell us about the nature of your disability: |
|  |

**D: Support**

|  |
| --- |
| If you have had support at school/college/university previously please tell us about the support you received: |
|  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| To ensure your safety we need to know if you have difficulty evacuating a building in the event of a fire (e.g. a hearing impairment prevents you from hearing the fire alarm). Do you have difficulty evacuating a building? | 󠆷 | 󠆷 |

**E: Evacuation**

**F: Please complete the following section**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I have included the required medical evidence and would like to arrange an appointment with a Disability Adviser to discuss support further | 󠆷 | 󠆷 |
| I will source and provide the required evidence as soon as possible. | 󠆷 | 󠆷 |
| I think I may have a specific learning difficulty and would like more information about support available to me. | 󠆷 | 󠆷 |
| I am unable to provide evidence (please complete section below). | 󠆷 | 󠆷 |
|  |  |  |

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| --- |
| Please provide an explanation of your difficulties providing evidence: |

**Please return this form as soon as possible:**

**In Person: The Hub**

**By Post: Disability Service, University of the West of Scotland, High Street, Paisley, PA1 2BE**

**By Email**: disabilityservice@uws.ac.uk