To access disability-related support for your studies through the Disability and Dyslexia Service, medical documentation which confirms your disability is required. Please ask your medical/mental health professional to complete this form and return it to [disabilities@roehampton.ac.uk](mailto:disabilities@roehampton.ac.uk). Please note that the Disability and Dyslexia Service is unable to cover any fees incurred for the completion of this form.

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| --- | --- |
| **Student name:** Click or tap here to enter text. | **Date of birth:** Click or tap to enter a date. |
| **Diagnosis/working diagnosis:** Click or tap here to enter text. | **This has lasted or is likely to last for a year or more:** Yes  No |

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| **Symptoms** | | | | | |
| **Pain** |  | **Fatigue** |  | **Reduced ability to process information** |  |
| **Anxiety** |  | **Reduced concentration** |  | **Communication difficulties** |  |
| **Low mood** |  | **Reduced memory** |  | **Sleep problems** |  |
| **Other symptoms/additional information:** Click or tap here to enter text. | | | | | |

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| **Impact on study** | | | | | |
| **Attendance** |  | **Group work** |  | **Mobility** |  |
| **Meeting deadlines** |  | **Note taking** |  | **Placements** |  |
| **Organisation and planning** |  | **Reading and research** |  | **Exams and assessments** |  |
| **Other impact/additional information:** Click or tap here to enter text. | | | | | |

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| **Disability-related accommodation adjustments** | |
| **En suite** | Yes\*  Preferred  No |
| **Personal fridge (for medication only)** | Yes  Preferred  No |
| **Wheelchair accessible/level access room** | Yes  Preferred  No |
| **\* Please note that for a rent reduction to be considered, the GP or medical professional completing this form must explicitly outline the disability-related need for an en suite:** Click or tap here to enter text. | |
| **Other disability-related accommodation adjustments/additional information:** Click or tap here to enter text. | |

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| **Medical/mental health professional details** | |
| **Name** | Click or tap here to enter text. |
| **Professional role** | Click or tap here to enter text. |
| **Registration/Practicing Certificate Number (if applicable)** | Click or tap here to enter text. |
| **Organisation address** | Click or tap here to enter text. |
| **Organisation stamp** |  |

**Medical/mental health professional signature:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Please return your completed form to** [**disabilities@roehampton.ac.uk**](mailto:disabilities@roehampton.ac.uk) **or to the Disability and Dyslexia Service reception.**