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. 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** **or to the Disability and Dyslexia Service reception.**