Self-assessment form – accommodation

Please complete this form to advise the university’s Accommodation Services of any diagnosed medical or mental health circumstances which have a severe/long term impact on your day-to-day activities, mobility or sensory perception. Please be sure to indicate the relevance of any conditions in terms of your accommodation requirements. *Your Disability related needs will be prioritised; preferences will be reviewed but cannot be guaranteed.*

**Please make sure that you have also applied for accommodation online:** [**http://www.roehampton.ac.uk/Accommodation/**](http://www.roehampton.ac.uk/Accommodation/)

Student details

|  |  |
| --- | --- |
| Full name |  |
| Student ID number |  |
| Campus of study |  |
| Course and year |  |
| Current address |  |
| Mobile number |  |
| Email address |  |
| I have discussed my diagnosis with Roehampton Disability Services  | [ ]  Yes [ ]  No |
| I have previously accessed campus accommodation on the basis of my Diagnosis/Disability  | [ ]  Yes [ ]  No |

Self-assessment

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| **Diagnosis / disability**Please identify any current diagnosed medical or mental health conditions and give details as to how they are relevant to your residential requirements. Include details of any medication and ongoing treatment you are receiving. Please give as much detail as possible and indicate why your disability / condition inhibits you from taking alternative private sector accommodation. **Please note:** you must have diagnostic evidence of your disability / condition.  |
|  |
| **Severity of disability / condition**: e.g. acute, chronic, temporary, progressive |
| **Effect on daily life** (please tick): |
| [ ]  Some | [ ]  Regular | [ ]  Significant | [ ]  Major |
| What would be the impact on your disability, if on-campus accommodation could not be provided? |
| Based on your Disability, do you have any specific environment preferences? E.g. Natural light, etc |
| If on-campus accommodation is not agreed, what impact may this have on your disability and/or ability to continue studying? |

Additional details

Please check any of the following that are applicable, with details:

|  |  |  |
| --- | --- | --- |
|  |  | Reasoning – please give full details |
| Will you require a carer while in residence? | [ ]  Yes [ ]  No |  |
| Is there any special equipment that you are required to use on a day to day basis, and will you be bringing this with you? | [ ]  Yes [ ]  No |  |
| Is there any requirement for additional equipment to be provided by the university (subject to assessment)? | [ ]  Yes [ ]  No |  |
| If accommodation was agreed on the basis of your disability, if possible, would you like to move on campus earlier than other students (to support your transition)? | [ ]  Yes [ ]  No |  |
| **Will you require:** |
| **Disability Related** En-suite bathroom | [ ]  Yes [ ]  No |  |
| **Preference** for an En Suite bathroom  | [ ]  Yes [ ]  No |  |
| **Disability Related** Ground floor room | [ ]  Yes [ ]  No |  |
| Wheelchair access | [ ]  Yes [ ]  No |  |
| Lift in residence | [ ]  Yes [ ]  No |  |
| Own refrigerator(for medication requirements only) | [ ]  Yes [ ]  No |  |
| Adapted accommodation (eg handrails, , deaf alerter, fire evacuation aids, vibrating pillow) | [ ]  Yes [ ]  No |  |
| Will you require a Personal Emergency Evacuation Plan (PEEP)?A PEEP is an agreed action plan that provides people, who may not be able to exit the building unaided, with the necessary information about emergency evacuations. It also allows us to know what level of assistance you may require. It doesn’t involve unnecessary disclosure of confidential medical information; it is just an agreement about what procedures to follow. Not every person with a condition will need a PEEP, but all building users should be sure they know what to do in an emergency evacuation of the building [ ]  Yes [ ]  NoOther (please give details): |
| If something which concerns you is not listed, please contact Accommodation or Disability Services for advice.  |

**Professional Assessment**

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| **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT’S MEDICAL PRACTITIONER** – GP / Doctor / Occupational Therapist / Specialist / Consultant |

**Details**

|  |  |
| --- | --- |
| Full name |  |
| Name of applicant / student |  |
| Relationship to applicant / Job title |  |
| Business address |  |
| Telephone number |  |
| Email address |  |
| Mobile number |  |
| Email address |  |

**Professional diagnosis**

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| Does the student have a disability, as defined by the Equality Act (2010)? *The Equality Act (2010) defines disability as:* *“a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on the ability to do*  *normal daily activities”*[*https://www.gov.uk/definition-of-disability-under-equality-act-2010*](https://www.gov.uk/definition-of-disability-under-equality-act-2010) [ ]  Yes [ ]  No |
| Details of disability or condition |
|  |
| The effect of the above on applicants day to day housing requirements |
|  |
| Details of medication and / or ongoing treatment  |
|  |
| Do you agree that the requirements for accommodation, as indicated in the student’s self-assessment, are in line with their disability related needs? Please state, in your professional opinion, if you feel that any other adjustments are required in accommodation: |
|  |

**Please note:**

* Partially completed forms cannot be processed
* Forms returned without a professional assessment cannot be processed
* Completion of this form does not guarantee the allocation of halls of halls of residence accommodation – this will be dependent on availability and the decision of the panel
* In some circumstances a site visit may be required to assess suitability
* You may be required to provide additional evidence to support your application and / or attend a consultation.
* If accommodation is agreed for you, you will be required to submit an application on the basis of disability yearly.

**Declaration**

|  |
| --- |
| I confirm that the information given is true and correct. I understand and consent to the sharing of information relating to my disability / medical condition for the purposes of assessing my housing needs while at the University of Roehampton.  |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return these forms to:

**Disability Services- University of Roehampton**

Student ExperienceRichardson Building, Digby Stuart campus

Roehampton Lane| London | SW15 5PU
disabilities@roehampton.ac.uk
Tel: +44 (0) 20 8392 3636

**Please note:** you must submit a self assessment form for each year that you are applying for accommodation on the basis of a disability related need.

**\*\*\*Accomodation to add a step-by-step guide (web link)**

**outlining the whole accomdoation process \*\*\***