

**Equality Service**

International Students: Disability Related Support Requirements

This aim of this form is to record information about your disability, in order to ensure that you receive adequate and timely support from the University. Please be assured that this information will not prejudice your application.

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| **Surname/Family Name** | **Forename** |
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| --- | --- |
| **Date of Birth:** |  |

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| --- | --- |
| **Address:** | |
| **E-mail:** | **Telephone:** |

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| --- | --- | --- |
| **Course applied for** | **Duration** | **Department/school** |
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| **Funding/Sponsoring Body name and contact details:** |
| **Contact Name:** |

# Disability

Please give details of your impairment (medical condition or disability) and describe how it affects your capacity to study. **Please also provide evidence of your disability. This could be a letter or report from a doctor or other relevant professional.**

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| **What is your disability?**  **How does it affect you in the following tasks?**   * **Research and reading** * **Production of written material, e.g. essays/papers** * **Teaching sessions, e.g. lectures and seminars, including note-taking** * **Practical Activities, including field trips** * **Examinations** * **Access to information and computing technology** * **Access to buildings and facilities, e.g. libraries** * **Organisation and time management** * **Communication and social interaction** * **Mobility** * **Other** |

# Academic Support Requirements

Please give details of the type of support you currently receive, including equipment, support from people or adjustments to the way you are taught or assessed. Don’t forget to include any informal support from your family and friends.

Areas to consider

* Do you have a preferred format for reading material?
* How you take notes in teaching sessions?
* How do you get to and from teaching locations?
* How do you retrieve books from a library?
* Do you use any technical equipment e.g. Braille machine, screen reader?
* Do you currently receive any modified examination arrangements?
* Do you require adaptations to your living accommodation?

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# Support with day to day living

Do you require assistance with daily living e.g. shopping, laundry, cleaning, and personal care?

Please give details of the type of support you currently receive, including informal support from your family and friends.

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# Medical/therapy/counselling support

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| **Do you take any particular medication? Please provide details:** |
| **Please indicate if you intend to bring supplies of your medication with you to the UK?** |
| **Do you require regular medical assistance? Please provide details:** |
| **Do you currently receive therapy or counselling support? Please provide details:** |

In order to allow sufficient time for your host institution to put support in place, please return this form within three weeks to [disability@Leeds.ac.uk](mailto:Disability@Leeds.ac.uk).

**Please send a hard copy of your evidence of your medical condition or disability to the address below. This could be an Occupational Therapist’s, Educational Psychologist's or medical report.**

**Disability Team, Equality Service, Social Sciences Building, University of Leeds, LS2 9JT**

For more information, or for a copy of this guide in an alternative format (for example, braille, e-text or large print), please contact the University’s Equality Service.

**Equality Service**

University of Leeds

Leeds

LS2 9JT

**Email:** disability@leeds.ac.uk

**Telephone:** 0113 343 3927

(Calls via the RNID Typetalk service are welcome)

**Fax:** 0113 343 3944

**Web:** [www.equality.leeds.ac.uk](http://www.equality.leeds.ac.uk/)