**MEDICAL INFORMATION**

**ACCOMMODATION ASSESSMENT FORMS**

The University of Wolverhampton, Facilities & Support Services aim to provide accommodation and access to support where it is appropriate to the needs of the individual.

We have identified that your application for accommodation has come over to our system with a disability flag and we need to ensure that we can accommodate any needs you may have. We would therefore ask that you complete the following questionnaire and return to accommedicalforms@wlv.ac.uk alternatively you can return this to Facilities & Support Services, University of Wolverhampton, Lomas Street, Wolverhampton, WV1 1QU.

PLEASE NOTE: In gathering the following information we must acknowledge the inherent risks that may be involved and allow for them in the decisions we make in accommodating students within the University Accommodation. If the University of Wolverhampton, Facilities & Support Services becomes aware of any attempts to withhold or omit relevant information it reserves the right to cancel any contract with the student

***Data Protection Act***

**The University of Wolverhampton is subject to the Data Protection Act 2018, which includes the General Data Protection Regulation 2018. This legislation applies to all data held about you. Full details of how this applies to you, can be found in the Privacy Notice presented to you at the point of enrolment or re enrolment at the University.**

**As permitted under the Act, we are permitted to disclose information that we hold about you only as stated within the Privacy Notice. However, for the avoidance of doubt, please note that the University will not disclose without prior permission in the following circumstances:**

* ***Where the release of the information would be likely, in the opinion of the applicant’s doctor, to cause serious harm to the physical or mental health of the applicant;***
* ***Where the release of the information would be likely to prejudice the prevention or detection of a*** *crime.*

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| --- | --- | --- | --- |
| Student Name |  | Current Address  |   |
| Student No. |  |
| Email |  |
| Telephone |  |

**By Completing and Signing the attached form you are confirming that the information is true and accurate at the date of completion and agree for your information to be shared with other University departments.**

**Completed by …………………………………**

**Signature ………………………………………… Date of Completion ………………………………**

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| **Medical/Health Issues**  |
| **Please provide an overview of your medical/health condition**  |  |
| **Have you ever lived independently?** | **Yes No**  |
| **If you have had any personal support/care has this been provided through your family or external agency?****Please outline the personal support given**  | **Family External Agency**  |
| **Highlight any assistance you will need with day to day activities, for example, dressing, preparing meals, laundry, etc.**  |  |

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| **Medical/Health Issues Continued**  |
| **Have you given written consent for information to be shared with other departments within the University** | **Yes No**  |
| **Highlight any scenarios that may have an impact upon your medical/health condition. For example, stress, disruption in your routine, noise, crowds**  |  |
| **Is there any risk of harm to you with your medical/health condition? For example, mental health, Epilepsy** | **Yes No** ­­­­­­­­­­­­­­­­­­­­­ |
| **What action has been taken or could be taken to manage the risk involved?****Please give details** |  |
| **SPECIFIC ACCOMMODATION REQUIREMENTS**  |
| **If you have had any personal support/care has this been provided through your family or external agency?****Please outline the personal support given**  | **Deaf adapted room** **Blind adapted room** **Wheelchair adapted room** **En suite but not an adapted room**  |
| **If you were granted permission to reside within the University Accommodation would you require separate facilities to store your medication? For example, A lockable cupboard/fridge** **(Accommodation Services cannot provide a medical fridge but permission can be granted upon request to enable you to do so )** | **Yes No**  |
| **What support will be in place from other agencies/carers if a place in the University Accommodation is given? Please give details**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Would you be able to evacuate yourself out of the University Accommodation without assistance if the fire alarms were being sounded? If no, You will be required to complete a ‘Personal emergency evacuation plan’ (PEEP)** | **Yes No**  |
| **Have you any further comments for specific requirements that we will need to be aware of if you were to reside in the University Accommodation** |  |

Please return to: accommedicalforms@wlv.ac.uk