

## Student Enabling Centre

### Self Declaration Form (SDF)

The information you provide in this form will be used to assess your individual support needs.

Please note that any support provided will be subject to submission of recent medical evidence or a diagnostic report and / or a needs assessment.

#### Personal details

Full name	
Student number	
Email address	
Telephone / Mobile number	
Home address	
Term time address (if different)	
How would you prefer to be contacted?	Phone Email Text Post

#### Course details

Course title	
School / Institute of study	
Mode of study	Full time <span style="float: right;">Part time</span>
Does your course include compulsory placements, field trips, gallery visits etc.?	Yes <span style="float: right;">No</span> If yes, do you require support for this? Yes / No

### Your condition

What is your disability / medical condition / Specific Learning Difference / impairment?	
How does your condition impact you?	

### Study difficulties

Please tick the difficulties you have which are caused by your condition

Handwriting		Typing		Note taking	
Reading speed		Reading accuracy		Reading comprehension	
Concentration		Processing speed		Short-term memory	
Spelling		Grammar		Structure in writing	
Time Management		Organisation		Coordination	
Mood		Motivation		Confidence	
Physical Health / Pain		Energy levels		Mobility	
Vision		Hearing		Communication	
Dealing with change		Noise / Crowds		Personal care	

Any additional difficulties

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Please indicate if you are able to sit with the main cohort of students for exams	Yes	No
<b>or</b> a separate room with other students who also have reasonable adjustments	Yes	No
<b>or</b> if you need to be in a separate room on your own for exams for reasons which are related to your condition	Yes	No

### Accessing printed materials

<p>Do you require any of the following? If yes, please provide details.</p>	<p>A specific font:</p> <p>Font size:</p> <p>Background colour:</p> <p>Additional information:</p>
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### Learning Centre (Library Services)

<p>Do you require support in order to access the University Learning Centres?</p>	<p>Yes                      No</p> <p>If yes, please indicate which you require support with:</p> <p>Library Induction Session:</p> <p>Printed information in a different format:</p> <p>Assistance finding materials:</p>
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### Travel / Access to buildings

Do you use a manual or electric wheelchair / mobility scooter?	<p>Yes <span style="float: right;">No</span></p> <p>If yes, please specify:</p> <p>Would you require a charging point?</p> <p>Yes <span style="float: right;">No</span></p>
Would you need an accessible parking space?	<p>Yes <span style="float: right;">No</span></p>
Are you a blue badge holder?	<p>Yes <span style="float: right;">No</span></p>
Would you benefit from a tour of the campus?	<p>Yes <span style="float: right;">No</span></p>

### Specialist equipment

Will you require any specialist equipment for example assistive technology / software / voice recorder?	<p>Yes <span style="float: right;">No</span></p> <p>If yes, please provide details:</p>
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### Accommodation

During your studies, will you be living in:	<p>Halls of Residence:</p> <p>Private accommodation:</p> <p>Living at home (with parents/guardians or own home):</p>
If you will be living in Halls, will you need:	<p>An accessible room:</p> <p>Ground floor room:</p> <p>Flashing light doorbell:</p> <p>Charging point:</p>



**Data Protection Form**

Thank you for completing this information.

Please carefully read the details below, tick the boxes and sign if you are happy with the statements.

It is strongly recommended that before completing the following you read the University's confidentiality policy which can be found at

<http://www.wlv.ac.uk/default.aspx?page=26841>

I certify that, to the best of my knowledge the information given is correct.

I consent to the University processing i.e. storing and updating information about me in my student record within the University database SITS both electronically and on paper.

I consent to the University sharing information about me with:

Appropriate academic and support staff within the University.

External partners where necessary for the purpose of assessing and providing support.

The named person(s) below:

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Your signature	
Today's date	

Please return this form along with any supporting evidence (please do not send originals) to [sec@wlv.ac.uk](mailto:sec@wlv.ac.uk) or to the Student Enabling Centre, MI Building, Wulfruna Street, WV1 1LY. You can also contact us on 01902 321074 if you have any queries.