

Disability Disclosure		
I agree to inform Schumacher College if my circumstances change		
<u>Name</u>		
<u>Date of Birth</u>		
Signature / electronic agreement		<u>Date:</u>
		Condition/Diagnosis
You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder		
You are blind or have a serious visual impairment uncorrected by glasses		
You are deaf or have a serious hearing impairment		
You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy		
You have a mental health condition, such as depression, schizophrenia or anxiety disorder		
You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D		
You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches		
You have a disability, impairment or medical condition that is not listed above		
You have two or more impairments and/or disabling medical conditions		
YES	I agree to an exchange of relevant information about my disability and/or support requirements, including my DSA report if appropriate, being disclosed to those faculty, teaching and administrative staff who have a need to know, and to relevant external providers of support (e.g. First Class Support, who provide support at the College), funding bodies, other specific support providers.	<input type="checkbox"/>
NO	I do not agree but I understand that If I do not agree to disclosure about my disability this may limit the support I receive.	<input type="checkbox"/>
<p><i>If you are unsure about giving your consent or wish to discuss this disclosure with us please e-mail postgradadmin@schumachercollege.org.uk or telephone us on +44 (0) 1803 847212.</i></p>		

Please complete and return to postgradadmin@schumachercollege.org.uk as soon as possible.

