Disability Disclosure Form

# Introduction

Under the Equality Act 2010, Northeastern University London (the University) is legally obliged to make reasonable adjustments to meet the needs of students with a disability or a condition that requires extra support. The University strongly advises students to disclose any disability-related need(s) and/or condition(s) for their own safety at the earliest opportunity, in order to meet their individual study and personal safety requirements.

Students who have a disability, mental health-related condition or medical condition are advised to consent to share this information with University staff who are best placed to assist the student in their studies (i.e. faculty staff and other relevant academic and professional staff) and to make the appropriate adjustments required under the Equality Act.

For the purposes of the Equality Act 2010, a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability in this context can include a wide range of issues and conditions. Typically, this would be one or a combination of the following categories:

* Specific learning difficulty/disability (SpLD) (e.g. dyslexia)
* Visual impairment - partial sight or blind
* Hearing loss - partial hearing or profoundly deaf
* Mobility difficulties or wheelchair use
* Restricted use of upper limbs (incl. RSI)
* Mental health illnesses
* Condition that is not visible (e.g. epilepsy, sickle cell anaemia, HIV)
* Condition not listed above (e.g. back injury)
* HIV, cancer or multiple sclerosis

The above list should not be seen as exhaustive. If a student feels that they have a condition that is affecting their ability to study effectively, they should contact a member of [Student Support and Development](mailto:student.support@nulondon.ac.uk) as soon as possible, to consider their needs.

# Instructions

1. This document allows students at Northeastern University London to share information regarding their disability or long-term health condition(s).
2. Please complete this form in its entirety and return it to [Student Support and Development](mailto:disability@nulondon.ac.uk) as soon as possible. Completing the form is not mandatory to receive accommodations. If you require an alternative means of sharing a disability or medical condition, please email [Student Support and Development](mailto:disability@nulondon.ac.uk) or phone SSD at 0207 637 4550. Once submitted, a Student Wellbeing Coordinator will be in touch to arrange a meeting to discuss your additional needs and create a Learning Support Plan where appropriate.
3. Please refer to the following for additional information:
   1. [Data Protection Policy](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/data-protection/data-protection-policy/)
   2. [Disability Disclosure Guidance](https://www.nulondon.ac.uk/academic-handbook/admissions/disability-disclosure-guidance/)
   3. [Student Confidentiality Statement](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/general/student-welfare/student-confidentiality-statement/)
   4. [Student Disability Policy](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/general/student-welfare/student-disability-policy/)
   5. [Student Welfare Policy](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/general/student-welfare/student-welfare-policy/)
   6. [Support to Study Policy](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/general/student-welfare/support-to-study-policy/)

# Section 1: Student Information

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| **First Name** |  | **Surname** |  |
| **Email Address** |  | | |
| **Pronouns** |  | | |
| **Programme** |  | | |
| **Year of Study** |  | | |
| **Next of kin** |  | | |

# Section 2: Your Condition(s)

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| **What is your diagnosis? If you have more than one, please state all diagnoses here.** |  |
| **Are you currently under the care of a professional/specialist?** | Yes  No |
| **If yes, please detail their name and specialty.** |  |
| **Are you currently taking medication for your condition(s)?** | Yes  No |
| **If yes, please detail the types of medication**  **(Please note that it can take at least 2-3 weeks to process a request for a prescription refill, and so we strongly encourage you to action low medication supplies as soon as possible)** |  |

# Section 3: Accommodations

What accommodations are you requesting through the Student Support & Development team at this time? (Please attach additional pages as necessary.)

Please refer to the Learning Support Plan section of the [Student Disability Policy](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/general/student-welfare/student-disability-policy/) for information regarding the accommodations we can offer (if applicable) at the University.

If you are unsure about what accommodations you may need or you would like to know more about the accommodations we offer, please leave this section blank and discuss this further with a Student Wellbeing Coordinator in your initial meeting.

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| **Accommodation you are requesting** |  | | | |
| **Have you used this before? (Check that any apply)** | No | High School | College | Standardised Testing |
| **Please explain why this accommodation is useful to you and what difficulty or barrier this will address** |  | | | |

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| --- | --- | --- | --- | --- |
| **Accommodation you are requesting** |  | | | |
| **Have you used this before? (Check that any apply)** | No | High School | College | Standardised Testing |
| **Please explain why this accommodation is useful to you and what difficulty or barrier this will address** |  | | | |

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| **Accommodation you are requesting** |  | | | |
| **Have you used this before? (Check that any apply)** | No | High School | College | Standardised Testing |
| **Please explain why this accommodation is useful to you and what difficulty or barrier this will address** |  | | | |

# Section 4: Accommodations Outside of Class

Please consider if you require any accommodations that we offer beyond the classroom and provide information regarding why the accommodation would be useful to you in addressing a barrier you face as a result of your condition.

Please note that needs identified in this section and agreed upon by a Student Wellbeing Coordinator will be shared with the relevant department.

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| Housing Such as studio or shared apartments, accessible rooms, strobe alarms, visual doorbell, access to hearing loops. |

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| On-campus Accommodations Such as the use of hearing loops, alternative fire evacuation (available for those who find large crowds difficult), independent fire evacuation plans (available for those unable to use stairs in an emergency). |

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| Co-curriculars and Trips Please consider if your condition impacts your ability to use public transport, walk long distances, be in crowds or enclosed spaces or any other relevant issues you may face during co-curricular activities and/or trips. |
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# Section 5: Evidence

Please indicate what evidence you are able to provide in support of your accommodations request.

* Letter from your General Practitioner or Family Doctor, which confirms your diagnosis.
* Letter from another recognised medical professional such as a psychiatrist, clinical psychologist, orthopedist, which confirms your diagnosis.
* Diagnosis assessment or report from specialists such as an educational psychologist.
* Evidence of a referral for an assessment **plus** indication from a medical professional that an assessment is recommended.
* Other - please specify below.

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# Disclosure Consent

All submitted Disability Disclosure Forms are recorded and processed in accordance with the [Data Protection Policy](https://www.nulondon.ac.uk/academic-handbook/policies-and-procedures/data-protection/) and the General Data Protection Regulation. Disability Disclosure Forms will be visible to the Student Wellbeing Coordinators and the Head of Student Support and Development as outlined in our [Student Confidentiality Statement](https://www.nulondon.ac.uk/wp-content/uploads/2022/08/Student-Confidentiality-Statement-3.0.pdf) and will only be shared outside of the department on a need to know basis in order to implement approved adjustments.

Choosing not to give your consent may mean that no, or a less satisfactory reasonable adjustment can be offered; or no or limited support can be offered to meet your support needs. If you wish to withdraw your consent, please contact Student Support and Development for further advice. For more information please refer to the [Student Confidentiality Statement](https://www.nchlondon.ac.uk/about-us/academic-handbook/nch-policies-and-procedures/nch-general/).

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| **Disclosure Consent Given** |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name) agree that the information provided on this form can be disclosed to appropriate members of Northeastern University London staff to enable the provision of reasonable adjustments and ongoing support.  By ticking any one of the following boxes you are consenting to the University obtaining and sharing information with:  Student Support and Development  Student’s GP  Relevant faculty  Relevant professional staff  Any previous education provider(s)  Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Version History

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| --- | --- | --- | --- | --- |
| **Title: Disability Disclosure Form**  **Approved by: Quality Team**  **Location: Academic Handbook/ Policies and Procedures/ Forms Library** | | | | |
| **Version number** | **Date approved** | **Date published** | **Owner** | **Proposed next review date** |
| 23.3.0 | June 2023 | June 2023 | Student Wellbeing Coordinator | September 2025 |
| *Formerly the ‘Student Disclosure Form’* | | | | |
| 2.4 | January 2023 | January 2023 | Student Wellbeing Coordinator | September 2024 |
| 2.3 | September 2019 | September 2019 | Learning and Assessment Support Officer | September 2021 |
| 2.2 | September 2019 | September 2019 | Learning and Assessment Support Officer | September 2021 |
| 2.1 | September 2018 | September 2018 | Student Wellbeing Coordinator | September 2021 |
|  | | | | |
| Referenced documents | Data Protection Policy; Disability Disclosure Guidance; Student Disability Policy; Student Confidentiality Statement; Student Welfare Policy; Support to Study Policy. | | | |
| External Reference Point(s) | UK Quality Code Theme: Admissions, Recruitment and Widening Access; Equality Act 2010; Data Protection Policy; General Data Protection Regulation. | | | |