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| **Lancaster University** **Disability Evidence Form** |
| **About this form** | **What you need to do** |
| To get support, a medical professional (e.g. your GP) needs to provide information about your disability or long term.*If you have an SPLD such as dyslexia you will need a diagnostic report from a suitably qualified Psychologist or Specialist Teacher.* | The student should complete section **1**.The medical professional should complete section **2, 3, and 4**.The student should return the completed form to disability@lancaster.ac.uk or to the ASK desk |
| **Section 1: Personal Details** |
| **Student ID number**  |

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| **Funding Body***If applicable e.g. SFE, SFW, SAAS* |  |
| **Customer Reference Number***Your student loans company CRN. If you do not have one, please leave blank.* |

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| **Title** | Mr [ ]  | Miss [ ]  | Mrs [ ]  | Mx [ ]  |
| **Forename(s)** |  |
| **Surname(s)** |  |
| **Date of Birth (dd/mm/yyyy)** |  |  |  |  |  |  |  |  |
| **! Now pass this form to the medical professional** |

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| **Section 2: Medical Professional Details** |
| **Section 2, 3, and 4 should be completed by a medical professional.** You should provide information about the **diagnosis, expected duration**, and **impact on the student’s life.** |
| **Practitioners full name** |  |
| **Practitioners Job Title** |  |
| **Certificate/ Registration number**(GMC, HCPC, NMC) |  |
| **Type of practice/ organisation** | [ ]  GP practice[ ]  Primary Care Team[ ]  Secondary Care Team[ ]  Hospital[ ]  Other (please give details)

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| **Name of Practice/ organisation** |  |
| **Address** |  |
| **Contact number** |  |
| **What is your professional involvement with the student?***You only need to provide details if this is not apparent from your job title* |  |
| **Please Stamp here** |  |

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| **Section 3: About the student’s disability** |
| **In your professional opinion** please complete the following questions about the student. |
| **Does the student have a physical, sensory or mental disability which has a substantial\* and long term adverse effect on their ability to carry out normal day-to-day activities (including education)?** To be considered long term, the effect of the disability must have lasted or be likely to last at least 12 months or for the rest of the student’s life. \*more than minor or trivial. | [ ]  No[ ]  Yes – give details

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| **What is the diagnosis/ working diagnosis (inc dates)***If it is not possible to provide this information, please explain why* |

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Date (dd/mm/yyyy)

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| **Section 4: Medical professional declaration** |
| Sign and date below to confirm that, to the best of your knowledge, the information provided is true and complete. |
| **Medical professional signature** | **Date (dd/mm/yyyy)** |
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| **! Return this form to the student** |

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| **Additional Information** |
| **Where to send your form** | Email your complete form todisability@lancaster.ac.ukor you can drop it off at the ASK desk in the Learning Zone. |
| **Do you need help?** | Email: disability@lancaster.ac.ukTel: 01524 592 111 |
| **Do you need this form in an alternative format?** | If you are struggling to access this form please email disability@lancaster.ac.uk  |
| **Before you send us your form** | You might wish to make a copy.Once you have submitted it you can ask the Disability Service to email you a scanned copy for your records. |