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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](mailto:disability@lancaster.ac.uk) or to The Base. | | | | | | | |
| **Section 1: Personal Details** | | | | | | | | |
| **Student ID number** | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | |
| **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.* | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | |
| **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)   |  | | --- | |  | |
| **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   |  | | --- | |  | |
| **What is the diagnosis/ working diagnosis (inc dates)**  *If it is not possible to provide this information, please explain why* | |  | | --- | |  |   Date (dd/mm/yyyy)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |
| **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)** |
|  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |
| **! Return this form to the student** | |

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| **Additional Information** | |
| **Do you need help?** | If you have any questions about completing this form please contact us  Email: [disability@lancaster.ac.uk](mailto:disability@lancaster.ac.uk)  Tel: 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](mailto:disability@lancaster.ac.uk) |
| **Before you send us your form** | You might wish to make a copy of this form.  Once you have submitted it you can ask the Disability Service to email you a scanned copy for your records. |
| **Where to send your form** | Email your complete form to  [disability@lancaster.ac.uk](mailto:disability@lancaster.ac.uk)  Or you can drop it off at **The Base (University House)** |

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| **Contact us:**  Tel: 01524 592111 Email: [disability@lancaster.ac.uk](mailto:disability@lancaster.ac.uk)  **Appointments are available for booking via our contact page on the Disability Service website:** [**online booking system.**](http://lancaster-uk.libcal.com/appointments/?g=1001) |