

DISABILITY DISCLOSURE FORM

Personal details			
Name			
Date of birth	(dd/mm/yyyy)		
Telephone			
Email			
Please tick all that applies			
Do you have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder?			
Are you blind or do you have a serious visual impairment uncorrected by glasses?			
Are you deaf or have a serious hearing impairment?			
Do you have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy?			
Do you have a mental health condition, such as depression, schizophrenia or anxiety disorder?			
Do you have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D?			
Do you have physical impairment or mobility issues, such as difficulty using your arms?			
Do you use a wheelchair, crutches or other mobility aids?			
Do you have a disability, impairment or medical condition that is not listed above?			
Do 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, between West Dean teaching and administrative staff as required*		
NO	I do not agree but I understand that If I do not agree to disclosure about my disability this may result in me being unable to take part in the course.		
CHANGES	I agree to inform We	st Dean College if my circumstances change.	
If you are unsure about giving your consent or wish to discuss this disclosure with us, please e-mail bookingsoffice@westdean.ac.uk.			
Signature/electronic agreement Date			

* West Dean College will always seek to put reasonable measures in place to enable course participation. However this may not always be possible. If this is so you will be advised not to book on this course.

Please complete and return to the <u>bookingsoffice@westdean.ac.uk</u> as soon as possible.