

Confidential Support Needs Questionnaire Higher Education

Name			
College ID number			
Date of Birth			
Telephone	Home	Mobile	
E-mail Address			
Course (<i>applied for</i>) and Start date			
Current School / College (<i>if applicable</i>)			

Please complete the following questions to enable us to support you appropriately

Medical Needs

	<i>Please Tick</i>		<i>Please Tick</i>
Cardio Vascular Conditions	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	Respiratory Condition	<input type="checkbox"/>
Chronic Fatigue Syndrome	<input type="checkbox"/>	Illness requiring regular hospital treatment	<input type="checkbox"/>
Crohn's Disease	<input type="checkbox"/>	Mental health needs	<input type="checkbox"/>
Other - please specify			

Learning Needs

What difficulties do you have with your learning?	
Do you have a formal diagnosis? If so, what is it?	

Please tick all that apply and enclose relevant documents or copies

	<i>Please Tick</i>		<i>Please Tick</i>
Educational Psychologist Report		Occupational Therapy Report	
Dyslexia Assessment Report		Other diagnostic evidence	
Needs Assessment Report			
Educational Psychologist Report			

Do you get Disabled Students Allowance?	
If yes, please supply Customer Reference Number (if known)	

Additional Information

Is there any other information you would like to give us about the condition/s you have indicated and how they may affect your learning experiences?

I understand that I may be invited in to discuss my needs and that any support I receive may be subject to funding being available and will not be put in place until this form has been returned. This form will be held in secure filing in the ALS department, and information from it will be shared as appropriate with curriculum teams.

Please contact me regarding support

No contact required at this time

Signed:

Please return to helloHE@escg.ac.uk