

Wellbeing Services prospective student form

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| This form is for completion by our prospective students so that we can learn more about you.Please complete the form below to let us know about any specific requirements you have while you are at the University. Please ensure that you have your evidence or Educational Psychologist's report ready to upload before completing this form. If you are unsure whether your evidence is appropriate, please upload it and we can advise you if we will need anything further. |

**Please be aware that if you submit your form after 31st July 2023 we may not be able to put your support in place before the start of your course. We encourage you to complete the form as soon as possible, especially if you require adjustments such as practical assistance during your studies, specific equipment to be in place when you start, or if you need adaptations to your accommodation such as a hoist.**

### **Informing us of your consent**

Please note we are a student-led service. Depending on your individual support requirements your information may be shared with the following people as appropriate:

* Your College
* Exams Team
* Accommodation and Estate Team
* Health and Safety Office

Ensure you read the following with regards to how your information may be shared with other staff within the University - [**Declaring a Disability or Health Condition**](https://www.exeter.ac.uk/media/universityofexeter/wellbeing/documents/Declaring_a_Disability_or_Health_Condition.pdf)**.** Please see our [**Privacy Notice**](https://www.exeter.ac.uk/students/wellbeing/policies/service/#a0) if you have any queries with regards to your personal data.

### **Information for parents and carers**

Please see more information for parents and carers on our [**dedicated webpages**](https://www.exeter.ac.uk/students/wellbeing/).

### **Funding information**

For information, advice and guidance on funding your support while at University, including details on the Disabled Students’ Allowances (DSA), please see our [**webpage explaining how to claim DSA**](https://www.exeter.ac.uk/students/wellbeing/support/fundingyoursupportdisabledstudentsallowance/) and more.

### **Future correspondence**

Any correspondence we send you will be sent to the email address you used in your UCAS application (or your direct application if you didn’t go through UCAS). Please ensure this is your personal up-to-date email address, as otherwise you may not receive important updates from our advisors. Please click [**here**](http://www.ucas.com/ucas/undergraduate/apply-and-track/track-your-application/making-changes-your-ucas-undergraduate-application) for instructions on how to update your email address with UCAS.

Please note questions marked (**\***) are required.

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| **Personal details and course information** |
| **First Name:\*** |  |
| **Surname:\*** |  |
| **Pronouns:** |  |
| **Exeter Reference Number, e.g. 710045678:** |  |
| **Date of birth e.g. 20/09/1988:\*** |  |
| **Email address:\*** |  |
| **Mobile number: \*** |  |
| **Course name: \*** |  |
| **Which campus will you study on? \*** | StreathamSt Luke'sPenryn (Cornwall) N/A - distance learner  |
| **Start date: \*** |  |

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| **Your condition and how it impacts you** |
| **1) Please complete the following declaration with relevant disability/health condition. You can select more than one. \*** | **Specific learning difficulty eg dyslexia, dyspraxia, AD(H)D****Blind/visual impairment****Wheelchair user/mobility difficulties****Deaf/hearing impairment****Asperger's Syndrome/Autism****Mental health difficulties****Two or more disabilities/health conditions (please specify in question 2)****Other conditions (please specify in question 2)** |
| **2) Please describe your medical condition/physical disability/mental health diagnosis or specific learning difficulty: \*** |  |
| **Please let us know the main areas affected by your medical condition/physical disability/mental health diagnosis or specific learning difficulty: \*** | **Fluctuations in mood****Fluctuating anxiety levels****Concentration****Motivation****Confidence****Energy levels/fatigue****Reading speed & accuracy****Note taking****Organisation****Co-ordination****Handwriting****Processing speed****Short-term memory****Communication/social difficulties****Physical health****Attendance****Heightened stress in relation to deadlines****Sleep****Eating & appetite****Presentations****Participation in class discussions****Answering questions in class****Establishing a routine** |

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| **Adjustments at University** |
| **3) Have you had any academic adjustments previously? Please note these will not automatically continue at the University. \*** |  Yes/No  |
| **4) Does your health condition/disability have a significant impact on your accommodation requirements, e.g the location and accessibility, type of room, adaptions needed, catered or self catered? Please give details. \*** |  |
| **5) If you would like to give us any further details about your support requirements or previous support you have received, please do so here: \*** |  |

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| **Additional information** |
| **6) Are you being supported by a mental health service or practitioner (eg. Doctor, psychiatrist, Community Mental Health Team or other relevant services)? Please include details if ‘Yes’. \*** |  Yes/No  |
| **7) Have you received support from a mental health service or practitioner over the past 2 years? \*** |  Yes/No  |
| **8) Have you previously taken time out from or repeated your studies for health related reasons? \*** |  Yes/No  |

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| **Medical evidence**  |
| **Please ensure you share medical evidence with this form as otherwise we will not be able to process it. (If you are unsure what you need to submit, have a look at our Medical Evidence Guidance webpage:** [**https://www.exeter.ac.uk/students/wellbeing/support/medicalevidence/**](https://www.exeter.ac.uk/students/wellbeing/support/medicalevidence/)**) \*** |

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| **Health and Safety** |
| **9) In the event of an evacuation are you able to (at all times, including during a medical episode such as a seizure): A) Independently leave the building in a reasonable time, including use of stairs? \*** |  Yes/No   |
| **B) Hear the fire alarm, at all times (including during a medical episode such as a seizure, and when in bed and in the shower)? \*** |  Yes/No  |
| **C) If you've answered 'no' to question A) or B) above, please give further details: \*** |  |

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| **Declaration** |
| **I confirm that the above information is correct to the best of my knowledge and that I have read the document ‘Declaring a Disability or Health Condition’ . I will inform Wellbeing Services of any change in my circumstances. I consent to my information being shared as outlined above.\*** |  Yes/No |