This form is to be submitted to Wellbeing Services’ Mental Health and AccessAbility teams in order to arrange support for a disability or medical condition whilst at the University. It can be submitted alongside existing medical evidence, or submitted on its own.

Please complete Part A yourself, and ask a GP or health care professional to complete Part B and then return the form to you.

* If you are accessing support from the Mental Health pathway, please upload the form to the [Mental Health Appointment Request form](https://www.exeter.ac.uk/wellbeing/mental_health/appointment-request/).
* If you are accessing support from AccessAbility, please send a copy of the form to [accessability@exeter.ac.uk](mailto:accessability@exeter.ac.uk)

Part A – To be completed by student

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student name:** | | X | **Date of birth:** | XX / XX / XXXX |
|  | |  |  |  |
| **Exeter ID No:** | | X | | |
|  | |  | | |
| **Do you have any specific support requirements that the University should consider, both academically and in terms of accommodation?** | | | | |
| X | | | |

Part B – To be completed by Doctor or Health Care Professional

x

The above student has requested support in relation to a medical condition or disability from the University of Exeter. This evidence helps the University to make decisions on individual reasonable adjustments for disability related needs. Please note that we are not asking you to make specific recommendations for support but rather to provide evidence on which we can decide which reasonable adjustments would be appropriate.

|  |
| --- |
| **1. Diagnosis/Working Diagnosis:** |
| X |
| **2. In your professional opinion, does the student have a medical condition or mental health difficulty which has or will last for 12 months or more?** |
| X |
| **3. Please describe the main symptoms of the condition and, where appropriate, the relevant medication side effects.** |
| X |
| **4. Are you aware of any specific accommodation requirements that may be required for this student?** |
| X |

Practice Stamp (if appl.)

|  |  |  |
| --- | --- | --- |
| **Signed:** | X |  |
|  |  |  |
| **Print Name:** | X |  |
|  |  |  |
| **Qualifications:** | X |  |
|  |  |  |
| **Date:** | XX / XX / XXXX |  |