

Disability Advisory Service: Student Registration Form

Please tell us about yourself so we can begin with you the process of considering potential study support.

About you

| | |
|--|--|
| First name: | |
| Family name: | |
| Date of birth: | |
| Email address: | |
| Contact telephone number: | |
| Preferred pronoun, e.g. she, he, they, other (please specify): | |
| College: | |
| Course: | |
| Course Level (UG / PGT / PGR): | |
| Department: | |
| Start/End Year: | |

Please tell us about the nature of your disability (please tick all that apply)

- A social/communication impairment such as an autism spectrum condition or disorder
- Blind or a serious visual impairment uncorrected by glasses
- Deaf or a serious hearing impairment
- A long standing illness or health condition such as epilepsy, diabetes, Crohn's disease, or asthma
- A long-term mental health condition, such as bipolar disorder, obsessive compulsive disorder, an eating disorder, depression, an anxiety disorder, or schizophrenia
- A specific learning difficulty (SpLD) such as dyslexia, dyspraxia or ADHD
- A physical impairment or mobility issues, such as difficulty using arms or hands, or requiring the use of a wheelchair, crutches or other mobility aid
- A disability, impairment or medical condition that is not listed above

Does your disability require any of the following? (Please tick all that apply)

- Use of a wheelchair or other mobility aid
- Step free/level access or use of a lift
- Personal care assistance for daily living activities
- Living accommodation with specialist equipment such as hoists, height adjustable beds, adapted bathroom facilities
- Use of a registered/licensed assistance animal for visual, hearing, mobility or medical needs
- Use of communication aids such as a BSL interpreter or hearing support system

Evidence of your disability

In order to understand your disability and provide you with guidance and support, the University asks you to provide evidence of your disability. Please attach your evidence with this form. Please see our website for further details on the type of documentation required: www.ox.ac.uk/students/welfare/disability.

If you are a current student, have you noted your disability on the Oxford Student Self Service Registration? If not, **please do so**. See www.ox.ac.uk/students/selfservice for information.

Please tell us briefly about the impact your disability has on your studies:

If you require further space to answer please use an additional sheet.

Your funding body

There are a wide variety of funding options available depending on your home country and the nature of your studies. Please tell us which category below applies to you:

| | |
|--|--|
| <input type="checkbox"/> UK student - England | <input type="checkbox"/> UK student - Scotland |
| <input type="checkbox"/> UK student - Wales | <input type="checkbox"/> UK student - Northern Ireland |
| <input type="checkbox"/> EU student | <input type="checkbox"/> International student (non-UK/EU) |
| <input type="checkbox"/> Research Council funded student | <input type="checkbox"/> NHS bursary funded student |
| <input type="checkbox"/> Erasmus funded (or part-funded) student | <input type="checkbox"/> Other (please specify), e.g. Registered Visiting Student from Overseas (VRO): |

Support history

Have you had a Disabled Students Allowance in the past? **Yes / No** (*delete/circle as appropriate*)

If yes, please attach your study needs assessment report if available.

Please describe briefly below any disability related provision or examination arrangements you have had at school or a previous university:

How did you find out about us?

| | |
|---|--|
| <input type="checkbox"/> Self-referred/found information on website | <input type="checkbox"/> Disclosed on application/student self-service |
| <input type="checkbox"/> Referred by college/department | <input type="checkbox"/> Referred by Oxford University Counselling Service |
| <input type="checkbox"/> Referred by College Doctor/Nurse | <input type="checkbox"/> Other (please specify): |

Disability Advisory Service: Consent to Share Information

| | |
|-----------------|-----------------------------|
| Name: | Date of Birth: |
| College: | Course / Department: |

How we use your data

The Disability Advisory Service (DAS) will hold and use the information you provide to arrange the study support that you have requested. The University provides this support in order to meet its contractual obligations to you and to comply with its duty under the Equality Act 2010 to provide reasonable adjustments to students with disabilities. To ensure this support can be delivered, the DAS will need to share information about you, your physical and/or mental health, and information about your disability with those who have a role in providing academic, administrative or support services e.g. your tutor, your supervisor, the Disability Coordinator in your college and academic department, library staff, as well as specialist staff employed or engaged by the DAS, such as those undertaking diagnostic assessments. We will also need to share information with your funding bodies in order to confirm your entitlement to financial support. We will as far as possible limit the information to be shared on each occasion to the minimum necessary for the provision of support.

Consent

Please indicate below, by ticking the relevant box, whether you consent to us processing your information in the way described above under 'How we use your data'.

| | | |
|--|------------------------------|-----------------------------|
| I consent to disclosure within the above limits | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

Signature: _____

Name: _____

Date: _____

Additional Information

From time to time the Disability Advisory Service or the Careers Service might wish to send you information of interest, from internal or external sources. Please indicate whether you are happy to receive information of this kind by ticking the relevant boxes below.

| | | |
|---|------------------------------|-----------------------------|
| The Disability Advisory Service: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a. Details of upcoming workshops or other similar events | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Academic research projects seeking participants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The University Careers Service: details of events or internship/job opportunities) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Your rights

You have the right at any time to refuse or withdraw your consent for us to process your data or to refuse or withdraw consent for certain processing activities. You may do this by emailing your Disability Advisor directly or disability@admin.ox.ac.uk. However, please be aware that withdrawing or limiting consent may have an adverse effect on our ability to help you and may mean we cannot provide study support to you. In some circumstances we may need to continue to process your data even though you have withdrawn consent. Further information on your rights, as a data subject, in relation to your personal information is available here:

www.admin.ox.ac.uk/councilsec/compliance/gdpr/privacynotices/student

Retention

We will retain your data only for as long as we need it to meet our purposes, including any relating to legal, accounting, or reporting requirements. Details of the retention periods for different types of student data are available here:

www1.admin.ox.ac.uk/councilsec/compliance/dataprotection/retentionofstudentrecords