

For office use only

Date received: _____

Academic year: _____

Student ID no: _____

To be completed by course co-ordinator

This course is assessed by:

Assignments only

Assignments and external exams

Month of first exam _____

EDUCATION SUPPORT FORM

Please complete this form if you have a learning difficulty/disability/medical condition/mobility difficulty

Personal Details

Name of Student: _____

Campus: _____ Date of Birth: _____

Course: _____ Essential Skills Yes No

Course Co-ordinator _____

Address: _____

Postcode: _____

Email address: _____

Telephone no (Home): _____ (Mobile): _____

Have you previously received Education Support in the college or school? Yes No

Have you previously received any exam support in the college or school? Yes No

Did you have a Statement of SEN/Transition Plan/Dyslexia Report? Yes No

Please turn over

Please indicate your area(s) of support need:

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| Dyslexia/Dyscalculia/Dyspraxia | <input type="checkbox"/> | Learning Difficulty
(Literacy & Numeracy) | <input type="checkbox"/> |
| Vision | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Hearing | <input type="checkbox"/> | ADHD/ADD | <input type="checkbox"/> |
| Physical Disability | <input type="checkbox"/> | Autism Spectrum Disorder | <input type="checkbox"/> |

Medical/Other (please state) _____

Are you taking particular medication that we need to know about? Yes No

If yes, please specify _____

Would you require assistance during an emergency evacuation? Yes No

Evidence

All students are required to provide **evidence** of their disability/ learning difficulty/ medical condition. This evidence is required by the Department for the Economy to be eligible for support and also by Examination boards and Awards bodies for exam access arrangements.

Evidence required:

Dyslexia/Learning difficulty - Educational Psychologist Report/Dyslexia report (Reports should be current, i.e. within the last 2 years)

Medical/Other - Doctor or specialist report on disability or medical condition.

If you do not have the required evidence, this can be discussed during your needs assessment appointment.

At Northern Regional College we are strongly committed to protecting the privacy of your personal data, in whatever form that information is held. We will ensure your personal data is properly safeguarded and processed in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 (collectively referred to as Data Protection Legislation). You can view your rights and obligations on our website www.nrc.ac.uk/page/privacy-policy

I agree relevant information can be made available to college staff as needed.

Signature: _____ **Date:** _____

Please return this form as soon as possible to:

educationsupport@nrc.ac.uk or the Education Support Co-ordinator on your campus