



Student Support Disclosure Form

First Name:	Surname:
Date of Birth:	Student ID number:

1) Do you have any difficulties with reading, writing, English or maths?

Yes No

If yes, please give details:

2) Did you have extra time, a reader, a scribe or other access arrangements when taking exams?

Yes No

If yes, please give details:

3) Do you consider yourself to have any disability/learning difficulty or mental health condition?

Yes No

If yes, please give details:

Please tick relevant box

- | | |
|--|--|
| <input type="checkbox"/> Dyslexia/Dyspraxia/Dyscalculia | <input type="checkbox"/> Personal care support needed |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Hearing impairment / Deaf | <input type="checkbox"/> Mental health service user |
| <input type="checkbox"/> Wheelchair User / Mobility need | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asperger's / Autism | <input type="checkbox"/> Do you have any other disability not identified here? |
| <input type="checkbox"/> ADD / ADHD | Please give details:..... |
| <input type="checkbox"/> Anxiety | |
| <input type="checkbox"/> Depression | |

4) Do you have a medical condition that could affect your time at college?

If yes, please give details:

- 5) Do you have any reports on your disability/learning difficulty e.g. Statement of Special Educational Needs, an Educational Psychologist's report, Specialist Teachers report or medical report?
Yes No

If yes, please give details (type of report):

If yes, please send a copy of any report you have or let us know where we can get one. You do not have to tell us about your disability, but any information will help us to organise support and make reasonable adjustments to our service.

- 6) What is the name and address of your last school or college?

- 7) What support did you get at your school/college? *

- | | |
|---|---|
| <input type="checkbox"/> Extra lessons | <input type="checkbox"/> Classroom assistant |
| <input type="checkbox"/> Communication Support Worker | <input type="checkbox"/> Specialist Teaching |
| <input type="checkbox"/> Specialist Equipment | <input type="checkbox"/> Other (please give details) |

- 8) How many hours of support did you have each week? *

- 9) What type of support do you think you might need at college?

- 10) Please give details of any mobility or physical access issues as not all college rooms are accessible: *

I agree to the disclosure of this information for the purpose of the College providing appropriate support and/or reasonable adjustments.

Signed: _____
(if completing electronically – please type name)

Please feel free to contact BIMM Institute/ICTheatre with any questions you may have regarding your learning support requirements:

Tel: 01273 603 333 **Email:** admissions@bimm.co.uk

**please note, questions 7, 8 and 10 are non-compulsory*

Please return this form to:

Email: admissions@bimm.co.uk