

# Disability Service Disclosure and Consent Form

# Name:

**Date of Birth: Tel (Mobile):**

# Course:

**Please tick the relevant boxes:**

|  |  |
| --- | --- |
| Full Time |  |
| Part Time |  |
| Distance Learner |  |

|  |  |
| --- | --- |
| Undergrad |  |
| Postgrad |  |
| Apprenticeship |  |

**MMU Student ID Number:**

# Please tick the box which you feel relates to you:

|  |  |  |  |
| --- | --- | --- | --- |
| SpLD/ Dyslexia |  | Visual Impairment |  |
| Physical/ Mobility |  | Hearing Impairment |  |
| Mental Health |  | Long standing Health Condition |  |
| Autistic Spectrum Condition |  | ADHD |  |
| Other: |  | (Please Specify) | |

**Please enclose a copy of a current medical letter or a report from an educational psychologist and return this form to**: **Inclusion and** **Disability Service, Manchester Metropolitan University, Pod 1.01D, First Floor, Business School, All Saints Campus, Oxford Road, Manchester, M15 6BH or e- mail to** [**disability.service@mmu.ac.uk**](mailto:disability.service@mmu.ac.uk)

We work closely with other University support services and academic departments and use a co-ordinated approach to provide the best service to students. Where necessary, practitioners within the service may need to liaise with colleagues to discuss the best possible support for students and this may include disclosing limited information (for example, engagement with the service). These discussions are specific, limited and, where possible, with your consent. Where a student’s welfare, engagement or academic progression require further support from other departments, minimal information will be shared, on a need-to-know basis, by the Inclusion and Disability Service to ensure that students are supported in an integrated and holistic way.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How did you first hear about the Inclusion and Disability Service?** | | | | | | | |
| MMU Staff |  | Open Day |  | Website |  | Communication from Inclusion and Disability Service |  |
| If other, please specify: | | | | | | | |

I have read and understood the information on this form and in the Disability Service Privacy Notice relating to disclosure of information about my disability;

and I consent to my information to be used and shared as described in those documents.

(If you do not consent to this, please speak to an Adviser and do not sign below).

**Student Signature:** ………………………..……. **Date:** …………………...

**Please contact the Inclusion and Disability Service immediately if there is a change in the circumstances concerning your disability/impairment that you feel the university should be aware of.**

This document should be read in conjunction with the [**Disability Service Privacy Notice**](https://www.mmu.ac.uk/data-protection/privacy-notices/disability-service). The Privacy Notice details information we hold about you, the legal justification for us doing so and how we may use that information.