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| --- | --- |
| UniofGlasgow_CMYK | Disability Service  Level 1, Fraser Building  Glasgow G12 8QF  0141 330 5497/ 5121 [support@disability.gla.ac.uk](mailto:support@disability.gla.ac.uk)  [www.glasgow.ac.uk/disability](http://www.glasgow.ac.uk/disability) |
|  |  |

Evidence of disability, long-term health or mental health condition, or sensory or mobility impairment

Disabled students who want to use the University of Glasgow’s Disability Service and receive reasonable adjustments to teaching and assessment are asked to provide evidence of disability, long-term health condition, sensory or mobility impairment, or learning difference (SpLD).

**Please use this form:**

* If you are disabled or have a or long-term health condition (but not if you have a learning difference/ specific learning difficulty/ SpLD, such as dyslexia)
* If you are registering with the University of Glasgow’s Disability Service for the first time
* If you have a new diagnosis, which means that your support needs to be reviewed

**Please DO NOT use this form:**

* If you have a learning difference/ specific learning difficulty/ SpLD, such as dyslexia
* Please instead provide a diagnostic assessment from an Educational Psychologist or PATOSS-qualified practitioner. Please refer to our guidance (Appendix A) for further information.

**Who can provide medical evidence?**

Any healthcare practitioner who is involved in your care can complete this form. For instance, your GP, the consultant who oversees your care, a psychiatrist, or a specialist nurse.

Please complete Section A and then pass it to an appropriate medical professional to complete the rest of the form. The completed form can then be uploaded as your evidence when you submit your Study Support Request ([www.gla.ac.uk/myglasgow/disability/support](http://www.gla.ac.uk/myglasgow/disability/support)).

**SECTION A: Your personal details**

Title:

First name:

Last name:

Date of birth (DD/MM/YYYY):

Student GUID (if known):

Course title:

*Sections B-D should be completed by a healthcare practitioner who is or has been involved in your care and can comment on your condition or impairment.*

**Section B: Details of the healthcare practitioner**

Full name:

Job title:

Certificate or registration number:

Name of practice or healthcare organisation:

Address, including postcode:

Contact telephone number:

Practice or organisation stamp:

**SECTION C: Details about the student’s disability or long-term health condition**

In your professional opinion, does the student named in Section A have a health, mental health, or developmental condition, or a physical or sensory impairment, which has or has had a substantial and long-term adverse effect on their ability to carry out normal daily activities, including participating in higher education. Further guidance can be found in the [Equality Act 2010](https://www.gov.uk/definition-of-disability-under-equality-act-2010).

Yes

No

If yes, please give further details:

Please provide details of diagnosis, or working diagnosis, including any relevant dates.

If you are unable to provide a diagnosis, or a working diagnosis, please explain further.

**SECTION D: Healthcare practitioner declaration**

Please sign and date below to confirm that, to the best of your knowledge, the information you have provided in Section C is true and correct.

Healthcare practitioner signature:

Date (DD/MM/YYYY):

*Once you have completed sections B-D, please return to the student named in Section A.*

***Appendix A: Evidence we can use***

|  |  |  |
| --- | --- | --- |
|  | **Condition, impairment, or difference** | **Evidence** |
| 01 | Learning difference/ specific learning difficulty/ SpLD, such as dyslexia, dyspraxia, or ADHD | Assessment Report from an Educational Psychologist or PATOSS-qualified practitioner. |
| 02 | Blind/ visually impaired | Medical evidence from a consultant ophthalmologist or GP. *High Street Optician’s prescription cannot be used.* |
| 03 | Deaf/ hearing impaired | A letter from your audiologist or GP. *Uninterpreted audiograms cannot be used.* |
| 04 | Wheelchair user/ mobility impairment | A letter from your GP or consultant confirming mobility impairment and how it affects you in your studies. |
| 05 | Mental health difficulty | A letter from your GP, CPN or psychiatrist which confirming ongoing (or relapsing/ remitting) MHD and how it affects you in your studies. |
| 06 | Long-term medical condition(s) | A letter from your GP or consultant confirming your condition and how it affects you your studies. |
| 07 | Autism | A letter from your GP, a clinical psychologist, or other autism diagnostic professional. |
| 08 | A condition or impairment not listed above | A letter from your GP or consultant confirming your condition(s) or impairment(s) and how these affect you in your studies. |