

# Medical Evidence

## **About this form**

To apply for Disabled Student’s Allowance (DSA) and to receive support from Royal Holloway during your studies, a medical professional (for example, your GP) needs to provide information about your disability (ies) on this form. If you already have evidence of your disability, then you will only need this form to be completed if you have disability related accommodation requirements or exam access arrangements (if not covered by our standard arrangements, see page 5)

You don’t need to complete this form if you have a specific learning difficulty.

## **What you need to do**

You need to complete your details in section 1.

Then pass the form to the medical professional to complete, sign and date the declaration. Please note that you may be required to make an appointment in order for this form to be completed.

Once they have completed the form, make sure you return it to the addresses on page 6.

You should keep a copy of this form for your own records. You may require it later.

**SECTION 1: YOUR PERSONAL DETAILS**

* 1. SFE Customer Reference

Number: (if known)

* 1. RHUL Student ID Number:

(if known)

* 1. First Name:
  2. Surname:
  3. Date of Birth:
  4. I give my consent for my GP to complete the following sections of this form:

Section 2 Section 3 Section 4 Section 5 Section 6

Signature Date

Now pass this form to the medical professional.



**SECTION 2: MEDICAL PROFESSIONAL DETAILS**

**Sections 2, 3, 4, 5 & 6 should be completed by a medical professional**

To enable this student to access support at university we need you to give us information about the nature of the student’s disability. Please complete the rest of the form, read, sign and date the declaration, then pass the form back to the student. As the student cannot reclaim any charge made for completing this form we ask that it is provided free of charge.

Full Name:

Job Title:

Certificate or registration number (GMC, HPC, NMC):

2.1 Your details:

2.2 Practice or organisation details:

2.3 What is your professional

involvement with the student?

(You only need to give details if

this isn’t apparent from your job title)

Type of practice or organisation:

GP Practice

Primary Care Team

Secondary Care Team

Hospital

Other (please give details)

Name of practice or organisation:

Address:

Postcode:

Contact number:

Where possible use your practice or organisation’s stamp.

Stamp here

**SECTION 3: ABOUT THE STUDENT’S DISABILITY**

In your professional opinion, complete the following questions about the student.

In relation to dietary requirements and food allergies, please note that all halls accommodation has shared kitchen or pantries.

3.1 Does the student have a physical,

sensory, or mental disability which

has a substantial\* and long term

adverse effect on their ability to

carry out normal day-to-day

activities (including education)?

To be considered long term, the

effect of the disability must have

lasted or be likely to last at least 12

months or the rest of the student’s

life.

\*more than minor or trivial.

3.2 Diagnosis / working diagnosis

(including any relevant dates)

If it is not possible to give either,

explain why.

No

Yes – please give details. Including the impact this is likely to have on them studying at university.

Date of diagnosis (DD/MM/YYYY)

**SECTION 4: DISABILITY RELATED ACCOMMODATION REQUIREMENTS**

Please complete this section if this student has specific disability related accommodation requirements to enable them to reside in University accommodation.

Whilst the University makes every effort to provide a supportive pastoral environment within its halls of residence, they may not be suitable for all of our students. Residents must be able to live independently (unless a carer has been assigned by Social Services and accommodated alongside them).

The University will endeavour to meet any accommodation requirements but this cannot be guaranteed as it will be subject to availability at the time of application.

Section 4 continued…..

**SECTION 4: DISABILITY RELATED ACCOMMODATION REQUIREMENTS**

4.1 Does this student have any specific

accommodation requirements?

4.2 Is this student suited to living

independently in unsupervised high

density student accommodation?

Yes

No

Yes

No

A mobility-adapted room (if using mobility aids)

Accommodation for a carer (provided by Social Services)

Emergency pull cords in bedroom & bathroom (only available to

students who have a fulltime carer provided by Social Services)

Accommodation with sufficient space and the structural

integrity to take a hoist

Mechanically opening doors

A room on the ground floor

A room on campus (main campus, both sides of A30)

Room with ensuite facilities

A room in catered halls

A room in a self-catered hall

Fridge for medication (to be supplied by student)

Double bed

A room for the hearing impaired (flashing alarm and vibrating

pillow)

UK Registered Assistance Animal (e.g. Guide Dog)

Please explain the reason for any selections in the above section.

4.3 Please indicate which of the following adjustments would be required:

**SECTION 5: REQUEST FOR EXAMINATION ACCESS ARRANGEMENTS (EAAs)**

| **Medical Condition** | **Guideline Allowance** |
| --- | --- |
| Social communication impairment | 15 mins per hour extra time |
| Serious visual impairment | Dependent on severity and requires specific advice from a medical professional |
| Serious hearing impairment | Dependent on severity and requires specific advice from a medical professional |
| Long standing illness or health condition | Dependent on severity - requires specific advice from a medical professional |
| Mental health condition | 10 mins per hour extra time |
| Specific learning difficulty | 15 mins per hour extra time |
| Physical or mobility impairment | Dependent on severity - requires specific advice from a medical professional |

Exam Access Arrangements should only compensate for the candidate's disability and not relatively disadvantage other candidates. In order to ensure that comparable consideration may be given to each request for Exam Access Arrangements, the University reserves the right to consult its own medical officer for additional or different arrangements requested. The University has standard extra time arrangements in place which are detailed in the table below.

Students with additional time will usually be seated in smaller EAA specific venues and not main examination venues. The recommendations for extra time are inclusive of rest peri0ds.

5.1 In my professional opinion this student is likely to require the following additional arrangements which are not covered by the University’s standard adjustments:

5.2 Please briefly explain the reason for the additional arrangements:

The University will endeavour to put exam access arrangements in place however this may be affected by the time of application. Please note the deadline for the receipt of requests is published on the student intranet under Exam Access Arrangements. This is usually the end of January. After this deadline we cannot guarantee any arrangements can be made for the current academic year.

**SECTION 6: MEDICAL PROFESSIONAL DECLARATION**

Medical professional signature: Today’s date (DD/MM/YYYY)

Please sign and date below to confirm to the best of your knowledge the information you’ve provided is true and complete.

Now pass this form back to the student.



Before you send your form:

To apply for DSA, please send your form to:

To apply for support at Royal Holloway, please send your form to:

We recommend you keep a copy of this form for your own records. You may require it later for your needs assessment.

Once the form is complete you can email it to:

[DSA\_team@slc.co.uk](mailto:DSA_team@slc.co.uk)

You can also send it by post to:

Student Finance England

PO BOX 210

Darlington

DL1 9HJ

**AND**

[disability\_dyslexia@royalholloway.ac.uk](mailto:disability_dyslexia@royalholloway.ac.uk)

Disability & Dyslexia Services

Royal Holloway University of London

Founders West Room 149

Egham

Surrey

TW20 0EX

\*Please remember to pay the correct postage\*