

Confidential

Disclosure of a disability/additional requirement/medical condition to a member of staff by a University of Bolton student

Staff

Please complete this form with the student and ask the student to tick **ONE** of the options and then sign and date the bottom of the form. **Send completed form to the Disability Service, Student Services immediately.** You should give a copy of the completed form to your student and keep a copy for your own records. Guidance notes are available at <https://www.bolton.ac.uk/wp-content/uploads/2018/03/Disclosure-Guide.pdf>

Student Name (Printed) _____ Student I.D No _____

Course _____ Year of Study 1st / 2nd / 3rd / 4th / 5th

Staff name (Printed) _____

What is the declared disability _____

Do you have any written evidence of this declared disability? YES NO

Option A

I have informed this member of staff that I have a previously undisclosed disability/additional requirement/medical condition and I agree that this information about my disability and needs may be shared (on a need to know basis) with relevant University staff and outside agencies such as funding bodies or Access Centres to ensure that appropriate support can be put in place as fully as possible. **I understand this option means my support needs will be able to be met as fully as possible.**

Option B

I have informed this member of staff that I have a previously undisclosed disability / additional requirement/medical condition and I agree that this information about my disability and needs may be shared (on a need to know basis) with some named University staff (these must be clearly listed). **I understand that this may mean that not all of my support needs will be able to be met.**

Option C

I have informed this member of staff that I have a previously undisclosed disability/additional requirement/medical condition and I agree that this information about my disability and needs may **only** be shared with Disability services. **I understand this will mean my support needs may not be met or may be limited by the choice.**

Option D

I have informed this member of staff that I have a previously undisclosed disability/additional requirement/medical condition and I agree that this information about my disability and needs cannot be shared with anyone other than this person. **I understand this will mean my support needs will not be met by this choice. (The original form should be kept in a safe and secure place with the service or academic support service).**

Option E

I have informed this member of staff that I have a previously undisclosed disability/additional requirement/medical condition and I do not need any disability related support or adjustments to be put in place and therefore the information I have provided does not need to be communicated to anyone outside of Disability Services.

Signed _____ (Student) Date _____

Signed _____ (Staff) Date _____

Office use

Forwarded to the Disability Service YES NO
 Date forwarded to the Disability Service _____
 Printed name of staff member _____

Date received in the Disability Service _____
 Printed name of DS staff member _____
 Signature of DS staff _____

Top pink copy to be forwarded to Disability Services
 Middle green copy to be retained in the service / forwarded to academic support services to be retained in a safe and secure place
 Bottom yellow copy to be retained by the student

March 2018

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