

# Priority Status Accommodation Request Form 2015/16

Please complete and return this form to ASSIST or the University Mental Health Service with your medical evidence. Please be aware that this is **not** an application for Halls and **you will still need to apply for a room.** If you are granted a priority place, your accommodation requirements will be given precedence.

Name:       Date of Birth (dd/mm/yyyy):       Student ID:

Telephone:       Email:

Course name:       Year (as of September 2015):

Home address:

If you are an existing student living in Halls, please enter your Hall name, flat and room number:

I have the following disability/long term illness/medical condition:

Please note thatevidence **must be** obtained from a **medical professional** and your condition **must have been assessed within the last 12 months.**

I confirm that I have attached medical evidence with my form or submitted medical evidence to ASSIST or the University Mental Health Service:

Accommodation requirements - please select all that apply:

En-suite: [ ]  Ground-floor: [ ]  Wheelchair accessible: [ ]

Grab rails: [ ]  Deaf alerter/pager: [ ]  Keep existing room: [ ]

Please provide details of why you require these or other adjustments not listed above:

**Grab rails or other ergonomic aids;** please provide full details of any specific model required, height, (floor to rail) angle (horizontal/ vertical/ diagonal) and location(s). **Failure to provide this information could result in adaptations not being installed before your arrival in halls:**

**Please note incomplete forms will be returned and this may delay your application. Applications will not be accepted without supporting medical evidence.**

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| **ASSIST: Student Services**Telephone: 01604 893430 / 892390Email: ASSIST@northampton.ac.uk Web: [http://skillshub.northampton.ac.uk/assist/](https://webmail.northampton.ac.uk/owa/redir.aspx?C=_h26VkZ38UyckxZeHFy8zKSt-I0O59EI5eG_7cATfcxsAPGSl8GWAV-gwKF5nnQw4gXmQ-fiuI0.&URL=http%3a%2f%2fskillshub.northampton.ac.uk%2fassist%2f) |  |

**Office use only**

Date received in ASSIST/MHS:       Staff initials:

Medical evidence received:

PEEP required:

**Approval:**

Staff initials:

Halls/on site

F.A.

Accommodation Recommendations:

Panel decision required

**Notification:**

Date notification sent to student:       Staff initials:

**Adaptations (if applicable):**

Details of adaptations required:

Items Ordered/Job requested:

Date:       Staff initials:

**Notes:**