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| 1. **Personal Details** | | | | | | |
| **Name:** | |  | **Student No:** | |  | |
| **Date of Birth:** | |  | **SFE Ref:** (if known) | |  | |
| **Term Time Address & post code:** | |  | **Home/Permanent Address & postcode:** (if different) | |  | |
| **Email:** | |  | **Phone Number/s:** | |  | |
| **Course Title, Type:** (e.g. BA/MSc/Foundation) **and year of study:** (e.g.1st/’2nd) | | |  | | | |
| **Personal Tutor/Course Leader:** | | |  | | | |
| **Course Start Date:** (mm/yy) | |  | **Course End Date:** (mm/yy) | |  | |
| **Full Time/Part Time:** | |  | **Faculty** | |  | |
| **Disability\*/Condition:** | |  | | | | |
| 1. Confidentiality & Data Protection | | | | | | |
| Please ask if you want more information about our confidentiality/disclosure policy or any of the consents requested below. If you do not give consent to share information, this will likely impact on the effectiveness of support arrangements. State **Yes** or **No** to the options below: | | | | | | |
| Do you agree to **relevant** information about your disability being passed on to other University\* staff, including other staff in Student Services, the Exams Office, Security staff and lecturers, **as necessary to provide you with the best support**. | | | | | |  |
| Do you agree to **relevant** information about your disability being passed on to external contacts such as: **NHS / SFE / your GP / external 3rd party NMH provider** or **other** (if other, give details below): | | | | | |  |
| Do you agree to your data being used as part of our auditing processes, which will require us to share specific details relating to the administration of your support to [DSA-QAG](https://dsa-qag.org.uk/about-us/what-we-do), or the equivalent auditing body, to provide accreditation against the Quality Assurance Framework? | | | | | |  |
| May we contact you on numbers/at the addresses given above?  State preferred method of contact if any: | | | | | |  |
| May we update your disability information on the university Student Record System? | | | | | |  |
| We require written consent to share your information with any other individual, even a relative. **Please name any other person(s) with whom you give consent for us to share and state their relationship to you**: | | | | | | |
| I confirm that the information in Part A is correct. If I wish to change any of the permissions to share information, as detailed in Part B, I understand that I must do so in writing. | | | | | | |
| **Student signature:** |  | | | **Date:** |  | |
| 1. Privacy Statement   Please complete this form in order to register with ASSIST; this provides us with your current contact details and preferences, and can be completed via email, post or in person. We will keep electronic copies of your medical evidence and any other documents you send us, as well as a record of telephone, face-to-face, email or telephone liaison with you and/or any external services (such as Student Finance, NHS or external support providers) if liaison is required or it is necessary to the provision of your support at the University.  All our records are held in a secure, confidential records system within the university that has restricted access as required by data protection legislation. Any data being shared is done so via password encrypted files and documents.  We may use some of the information you provide to create a database that enables us to produce reports of statistical information about the services we deliver. These reports do not contain any personally identifying information.  If you do not agree for us to share information, you should let us know. In exceptional circumstances, we will need to share information (if will believe that you pose an immediate risk to yourself or others).  **I understand that in order for me to be able to access ASSIST support, I give consent for my personal details to be processed as outlined above.** | | | | | | |
| Please sign and date this form once you have read the above to give consent for your details to be collected and stored in this way. | | | | | | |
| **Student signature:** |  | | | **Date:** |  | |

* For the purposes of this document the term ‘disability’ is used as an umbrella term to encompass all disabilities, medical conditions, mental health difficulties, autism spectrum disorders and specific learning differences (SpLDs).

If you believe that information we hold about you is incorrect or out of date, or if you have concerns about how we are handling your personal information, please contact us and we will try to resolve those concerns.

If we become aware of any on-going concerns or problems concerning our privacy practices, we will take these issues seriously and work to address them.

If you wish to have your personal information deleted, please let us know and we will take reasonable steps to delete it (unless we need to keep it for legal, auditing or internal risk management reasons).