**Specific Learning Difficulties (SpLD)**

**Assessment Application Form**

1. **STUDENT DETAILS:**

**Please complete carefully and if any of the information below changes please notify us immediately as we use this information to communicate with you.**

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| **Name:** | **Student Number:** |
| **Course:** | **Year of course** (eg 1 of 3) |
| **Address:** | **Date of birth:** |
| **Telephone:** |
| **Email:** | |

1. **RESIDENCY STATUS:**

**To be eligible for Teesside University to pay the cost of your assessment you must meet certain residence criteria.**

If you are an International student you are **not** normally eligible for funding and would need to pay for the assessment yourself. UK students who have **not** been resident in the UK for 5 years prior to the start of their course are also not normally eligible to have their assessment paid for by the University. If you wish to fund an assessment yourself or have any questions about your eligibility please email [disability@tees.ac.uk](mailto:disability@tees.ac.uk)

**Please select the residency status that applies to you:**

1. I am a UK national **and** have been ‘Ordinarily Resident’ in the UK for the 5 years immediately prior to the start of my course
2. I have no restrictions on my stay and am settled within the UK (i.e. have the right of abode in the UK or Indefinite Leave to Enter/Remain (ILE/R) in the UK)
3. I have Current Humanitarian Protection **OR** I have been recognised by the UK Government as a Refugee and have full Refugee status in the UK (5 years residency not required)
4. I am an EEA or Swiss migrant worker **OR** the spouse **OR** child of an EEA or Swiss migrant worker
5. I am an EU National
6. **APPLICANTS ONLY (current students go straight to the next section):**

**Applicants are able to apply to have an assessment done prior to starting their course only if the following two statements are true, otherwise you will need to wait until you have started your course to submit this form as a current student.**

**Please tick the boxes to confirm that:**

1. I have previously been diagnosed with specific learning difficulties **and** include evidence of this with my form (such as a letter from college, screening test, or confirmation of support received during previous study)
2. I hold an Unconditional or Conditional Firm offer of a place on a course at Teesside University
3. **CURRENT STUDENTS ONLY (applicants can ignore this section):**

**Current students are only able to apply for an assessment funded by Teesside University if the following two statements are true (please tick BOTH boxes to confirm):**

1. I am enrolled on a fulltime Higher Education course at Teesside University, or a part time course studying at least 30 credits per year (25% of a full time course)
2. I currently have at least 5 months left before my course comes to an end
3. **ADDITIONAL INFORMATION (for all to complete)**

Please use this space to tell the Educational Psychologist what issues you are experiencing in as much detail as possible. Please also tell us if you have previously had a test for specific learning difficulties, and if you have written evidence of this please submit it along with your form.

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**Declaration: Please Read & Sign**

**I hereby confirm that the contents of this application are true and correct. If any of this is intentionally misleading, the University may take appropriate action. If I change my course, withdraw from or suspend my studies I will inform Teesside University in writing by emailing** [**disbility@tees.ac.uk**](mailto:disbility@tees.ac.uk) **and I may lose my eligibility for funding of the assessment.**

**By signing this form I agree to attend the assessment on the date and time given to me. If I am unable to attend I will notify Student & Library Services, at least 48 hours before the assessment date, by calling 01642 342251**

**By signing this form I also give my consent for the Educational Psychologist to have copies of evidence, regarding my condition which have been submitted to Disability Services, and for copy of my final SpLD report to be sent to Teesside University.**

**Click Below to Insert Your Electronic Signature:**

**Signature:**

**Date:**

**Now save and email your completed form to** [**disability@tees.ac.uk**](mailto:disability@tees.ac.uk)

**Please attach any evidence you have of a previous diagnosis or support to your email.**

**THIS SECTION IS FOR OFFICE USE ONLY**

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| Previous Evidence- Y  N  Attached- Y  N  **SITS Check:**    Home  Other eligible residency status  Current  Applicant  CF  UF  Full Time  Part Time  Post Grad  Course End Date:  (Estimated if applicant)  **Disability Team Line Manager approval signature (or Nominee if current student):**  Signature:  Date: |