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# Disability / Health Notification (DHN) Form

Use this form to notify us of either:

1. A long-term health condition (Disability) – i.e. a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out everyday activities. You will be expected to provide supporting medical evidence\*

*or*

1. A short-term health condition that is expected to have a temporary impact on your learning experience (such as an injury, pregnancy, recovery from a surgical intervention). Supporting medical evidence may not be required and we will advise you accordingly.

## Student Information

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| Last name |  |
| First name |  |
| Date of Birth |  |
| Preferred Name *(name which you would like to be known as):* |  |
| Preferred pronouns: |  |
| Accessibility needs (please state any accessibility requirements for attending an appointment with an adviser): |  |
|  |  |
| **Contact Details** |
| Student number |  |
| Contact number |  |
| Email address |  |
| Postal address |  |

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| **Course Information**  |
| Place of study *(e.g. Middlesbrough Campus, Darlington Campus, TU London, Distanced learning, Stockton Riverside College etc).*  |  |
| Title of Course *(e.g. BA History):* |  |
| Full Time/Part Time *(please state):* |  |
| Current year of study *(e.g. 1 of 3):* |  |
| If you are an **applicant**, please provide your course start date *(e.g September 2023/2024):* |  |
| Are you attending a Summer/Winter School course? | Yes | No |
| Are you a Study Group Student | Yes | No |

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| **Funding Body Information**  |
| Have you applied for student funding (for tuition fees)? | Yes No Not sure |
| If so, who will pay your fees? E.g. SFE |  |
| Have you applied for Disabled Students’ Allowances (DSA)? | Yes No Not sure |

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| **Disability / Health Information** |
| Please tick **all** of the following options that apply to you, and then use the space below to tell us a little bit about the nature and impact of your condition(s), particularly in relation to your studies: |
| Specific learning difficulty (e.g. dyslexia) |  | Autism/ Asperger’s/ Social Communication Difficulties |  |
| Physical disability / Mobility difficulties |  | Mental health condition |  |
| Blind / Visually Impaired |  | Longstanding illness or health condition (e.g. epilepsy) |  |
| Deaf / Hearing Impaired |  | Short-term condition (e.g. injury, illness) |  |
| Please tell us about your long or short-term health condition or disability, and how it impacts on your studies and daily life (please add additional pages if you need more space): |

**\***For **long-term health conditions** we need medical/specialist evidence about your condition. Please scan and email it to: disability@tees.ac.uk with this completed form.

For more information about what is required, please check out the Help Sheet on Accessing Disability Support on our website: <https://www.tees.ac.uk/sections/stud/disability_guides.cfm>

You can return your medical evidence and DHN Form to us by email: [disability@tees.ac.uk](file:///C%3A%5CUsers%5CU0028645%5CDesktop%5Cdisability%40tees.ac.uk)

Or in person / by post to:

Disability Services

Student Life Building

Teesside University

Middlesbrough

TS1 3BX

If you wish to speak to us please call 01642 342277

**\*** For **short-term health conditions** we will ask you to complete a personal declaration confirming your current difficulties, but we may request independent medical evidence if considered necessary.

Please note that any support recommended by Disability Services is designed to support your learning experience and does not replace the requirements of existing University procedures such as regulations regarding attendance, applications for coursework extensions or Mitigating Circumstances, for which you will need to contact your tutors.

## Privacy Notice and Consent

We will hold any information you share with us securely for 7 years. You have certain rights in respect of your personal data. These rights are set out in the University’s General Privacy Notice for Students, which can be found on our website at [www.tees.ac.uk](http://www.tees.ac.uk)

If there is a named individual (such as a parent or guardian) that you would like to give your consent for us to be able to speak to and share information with about the set-up of your support, please state who below:

|  |  |  |
| --- | --- | --- |
| Name | Relationship to you | Contact details |

## Declaration

By completing this section you confirm that the information in this form is correct and any accompanying documentation is true to the best of your knowledge; you agree to the statements of consent identified above; and, you are aware that a fraudulent application for support may lead to the University’s Disciplinary Regulations being invoked.

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| Print Name | Signature | Date |