

Student Additional Support Form

This form is to be completed by the student in discussion with the College's Equality and Diversity Officer for any extra assistance or provisions that are required by a student under the College's Disability Equality Strategy. Students do not need to be registered disabled to request assistance from the College. The Head of Department and/or the SQA Coordinator will have the ultimate responsibility for students enrolling in the SQA accredited Programmes.

As appropriate, this includes consideration of any specific difficulties you may have with:

- access to classrooms
- reading and writing
- verbal communication
- concentration and memory
- vision and hearing, including access to audio-visual materials
- undertaking practical work
- using a computer
- accessing library/other resources
- undertaking assessments/examinations

Name of Student _____

Programme _____

Please describe the nature of the additional support needs/condition:

How can the College better suit your needs?

With your consent, any recommended reasonable adjustments will be shared with relevant staff and the Head of Department/ SQA Coordinator at the College to aid the implementation of these adjustments. The full support plan/report is not shared with anyone not responsible for providing reasonable adjustments for you unless you request this. Similarly, confidential letters or reports confirming the nature of your disability/condition are not shared but, should you wish this to happen, please let us know so we can obtain your consent in writing.

By signing this form, I confirm that I agree with the above information being shared with the relevant College staff as well as the awarding body. In addition, by signing this form, I confirm that the information I have declared is correct.

Signature

Date

To be completed after the meeting with the College's Equality and Diversity Officer.

Please list the appropriate measures to be implemented to assist the student:

Signature of Equality and Diversity Officer

Signature of the Head of Department and/or the SQA Coordinator

Date of approval _____