

Medical Evidence



About this form

You should only complete this form if you are registering with Disability and Neurodiversity team (D&N) at Royal Holloway (RHUL) and/or applying for Disabled Student Allowances (DSA). To receive support from RHUL during your studies, a medical professional (for example, your GP) needs to provide information about your disability(ies) on this form. If you already have evidence of your disability, then you will only need this form to be completed if you have accommodation requirements or exam access arrangements relating to your disability (if not covered by our standard arrangements, see page 5)

You **do not** need to complete this form if you have a specific learning difficulty.

What you need to do

- Complete your details in Section 1
- Pass the form to the medical professional to complete, sign and date the declaration. Please note that you may be required to make an appointment in order for this to be completed.
- Return the form to the email address (for registering with D&N) or the postal/email address for DSA as listed on page 6.
- Please keep a copy of this form for your records.

SECTION 1: YOUR PERSONAL DETAILS

1.1 SFE Customer Reference Number: (if known)

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1.2 RHUL Student ID Number: (if known)

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1.3 First Name:

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1.4 Surname:

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1.5 Date of Birth:

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1.6 I give my consent for my GP to complete the following sections of this form:

Section 2

Section 3

Section 4

Section 5

Section 6

Signature

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Date

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Now pass this form to the medical professional.

SECTION 2: MEDICAL PROFESSIONAL DETAILS

Sections 2, 3, 4, 5 & 6 should be completed by a medical professional

To enable this student to access support at university we need you to give us information about the nature of the student's disability. Please complete the rest of the form, read, sign and date the declaration, then pass the form back to the student. As the student cannot reclaim any charge made for completing this form we ask that it is provided free of charge.

2.1 Your details:

Full Name:

Job Title:

Certificate or registration number (GMC, HPC, NMC):

2.2 Practice or organisation details:

Where possible use your practice or organisation's stamp.

Stamp here

Type of practice or organisation:

GP Practice

Primary Care Team

Secondary Care Team

Hospital

Other (please give details)

Name of practice or organisation:

Address:

Postcode:

Contact number:

2.3 What is your professional involvement with the student? (You only need to give details if this isn't apparent from your job title)

SECTION 3: ABOUT THE STUDENT'S DISABILITY

In your professional opinion, complete the following questions about the student.

In relation to dietary requirements and food allergies, please note that all halls accommodation has shared kitchen or pantries.

- 3.1 Does the student have a physical, sensory, or mental disability which has a substantial* and long term adverse effect on their ability to carry out normal day-to-day activities (including education)?

To be considered long term, the effect of the disability must have lasted or be likely to last at least 12 months or the rest of the student's life.

*more than minor or trivial.

No
Yes – please give details. Including the impact this is likely to have on them studying at university.

- 3.2 Diagnosis / working diagnosis (including any relevant dates)
If it is not possible to give either, explain why.

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Date of Diagnosis

SECTION 4: DISABILITY RELATED ACCOMMODATION REQUIREMENTS

Please complete this section if this student has specific disability related accommodation requirements to enable them to reside in University accommodation.

Whilst the University makes every effort to provide a supportive pastoral environment within its halls of residence, they may not be suitable for all of our students. Residents must be able to live independently (unless a carer has been assigned by Social Services and accommodated alongside them).

The University will endeavour to meet any accommodation requirements but this cannot be guaranteed as it will be subject to availability at the time of application.

Section 4 continued.....

SECTION 4: DISABILITY RELATED ACCOMMODATION REQUIREMENTS

4.1 Does this student have any specific accommodation requirements?

Yes
No

4.2 Is this student suited to living independently in unsupervised high density student accommodation?

Yes
No

4.3 Please indicate which of the following adjustments would be required:

- A mobility-adapted room (if using mobility aids)
- Accommodation for a carer (provided by Social Services)
- Emergency pull cords in bedroom & bathroom (only available to students who have a fulltime carer provided by Social Services)
- Accommodation with sufficient space and the structural integrity to take a hoist
- Mechanically opening doors
- A room on the ground floor
- A room on campus (main campus, both sides of A30)
- Room with ensuite facilities
- A room in catered halls
- A room in a self-catered hall
- Fridge for medication (to be supplied by student)
- Double bed
- A room for the hearing impaired (flashing alarm and vibrating pillow)
- UK Registered Assistance Animal (e.g. Guide Dog)

IMPORTANT: Requests for accommodation adjustments cannot be accepted without an explanation of the disability related need. Please provide this in the section below.

SECTION 5: REQUEST FOR EXAMINATION ACCESS ARRANGEMENTS (EAAs)

Exam Access Arrangements should only compensate for the candidate's disability and not relatively disadvantage other candidates. In order to ensure that comparable consideration may be given to each request for Exam Access Arrangements, the University reserves the right to consult its own medical officer for additional or different arrangements requested. The University has standard extra time arrangements in place which are detailed in the table below.

Medical Condition	Guideline Allowance
Social communication impairment	15 mins per hour extra time
Serious visual impairment	Dependent on severity and requires specific advice from a medical professional
Serious hearing impairment	Dependent on severity and requires specific advice from a medical professional
Long standing illness or health condition	Dependent on severity - requires specific advice from a medical professional
Mental health condition	10 mins per hour extra time
Specific learning difficulty	15 mins per hour extra time
Physical or mobility impairment	Dependent on severity - requires specific advice from a medical professional

Students with additional time will usually be seated in smaller EAA specific venues and not main examination venues. The recommendations for extra time are inclusive of rest periods.

5.1 In my professional opinion this student is likely to require the following additional arrangements which are not covered by the University's standard adjustments:

5.2 Please briefly explain the reason for the additional arrangements:

The University will endeavour to put exam access arrangements in place however this may be affected by the time of application. Please note the deadline for the receipt of requests is published on the student intranet under Exam Access Arrangements. This is usually the end of January. After this deadline we cannot guarantee any arrangements can be made for the current academic year.

SECTION 6: MEDICAL PROFESSIONAL DECLARATION

Please sign and date below to confirm to the best of your knowledge the information you've provided is true and complete.

Medical professional signature:

Today's date (DD/MM/YYYY)

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Now pass this form back to the student.

SENDING YOUR FORM

Before you send your form, we recommend that you keep a copy for your own records. You may require it later on for your needs assessment.

To apply for support at Royal Holloway (RHUL), please email or upload your form to:

Email:

disability@royalholloway.ac.uk

OR

Upload it with your D&N registration form using this link:

[Registering your disability - Royal Holloway Student](#)

To apply for Disabled Student Allowance (DSA), please email or post your form to:

Email:

DSA_team@slc.co.uk

OR

Post:

Student Finance England
PO BOX 210
Darlington
DL1 9HJ

*Please remember to pay the correct postage.