



The University of Manchester

**Disability Advisory and Support Service (DASS)**

**STUDENT REGISTRATION FORM**

If you require this form in an alternative format e.g. electronically or in large print, please contact the DASS (see section G for contact details).

**A. Release of Information**

Please tick the relevant box below to indicate whether you consent for details about your support requirements to be disclosed to professional staff having a legitimate need to see them in the course of their work. This may include, but is not exclusive to, School Disability Coordinators, the Central Exams Office or your Funding Body in relation to any Disabled Students Allowance application. We will not disclose information to any prospective or current employers. **For further information, please request a copy of the Disability Advisory and Support Service Data Collection Notice**

**IMPORTANT** - You have the right to request that information about your disability is kept confidential or you can limit the information that is released, however this may make it difficult or impossible for the University to fully support your needs.

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**STUDENT CONSENT FOR THE DASS TO HOLD AND DISCLOSE INFORMATION  
WITHIN THE UNIVERSITY**

Please tick **ONE** box and sign below:

I give full consent for The DASS to disclose information regarding my disability and additional support needs as appropriate

I consent for The DASS to disclose that I have a disability but I do not want the nature of my disability to be disclosed

I do NOT give permission for any information regarding my disability or additional support needs to be disclosed to anyone outside DASS

**Will you be attending a placement during your course?**      **Yes**      **No**

**Do you consent to the University sharing information regarding your disability and support needs with placement providers?**      **Yes**      **No**

**I am the person to which this form concerns and I confirm that the information given is correct and represents my choice in terms of the way my information will be shared.**      **Date**



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**B. PERSONAL DETAILS**

**Surname**

**First Name**

**Home address**

**Term Address**

**Mobile Number**

**Date of Birth**

**Personal Email Address**

**University Email Address**

**COURSE DETAILS**

**Course of Study**

**Nursing Students Only** Are you seconded by your employer? **Yes**  
**No**

**Student ID (If Known)**

**Course Start Date**

**Length of Course (Years)**

**Level of Study**

**Undergraduate**  
**Postgraduate**  
**Other**

**Mode of Attendance**

**Full Time**  
**Part Time**  
**Other**

**FUNDING DETAILS**

**Funding Body**  
- e.g Student Finance England, SAAS Research Council  
(Please specify)

**Have you Applied for the Disabled Students Allowance?**

**Yes**  
**No**



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**C. DETAILS OF ADDITIONAL SUPPORT**

**Please tick the box you feel most accurately represent your disability(ies):**

**No disability**

**You have a social / communication impairment such as Asperger's syndrome / other autistic spectrum disorder**

**You are blind or have a serious visual impairment uncorrected by glasses**

**You are deaf or have a serious hearing impairment**

**You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy**

**You have a mental health condition, such as depression, schizophrenia or anxiety disorder**

**You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D**

**You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches**

**You have a disability, impairment or medical condition that is not listed above**

**You have two or more impairments and / or disabling medical conditions**

**Please give details of any conditions below (including diagnosis):**

**D. OTHER SUPPORT NEEDED**

**I need adapted facilities in accommodation**

**(applicants, please note that you must also outline your particular requirements on your accommodation application form)**

**I need assistance with emergency evacuation**

**(Please state if you would need someone to help you get out of a building if there was a fire, or if you would have problems hearing a fire alarm)**

**I need assistance with personal care**

**(please tell us if you would need any assistance with washing, dressing, waking up etc)**

**E. SUPPORTING DOCUMENTATION**

The University cannot meet any requests for support unless this evidence is provided.

The University will require appropriate medical evidence of your difficulties or an Educational Psychologist's report if you have a Specific Learning Difficulty.

The evidence you provide has to meet certain requirements. Before you request any letters or reports, **please read the DASS web pages which outline what evidence you need to complete your registration with DASS.**

**F. RETURNING THIS FORM**

- Electronic copies can be emailed to [dass@manchester.ac.uk](mailto:dass@manchester.ac.uk)
- Posted copies can be sent to: DASS, Second Floor, University Place, Oxford Road, M13 9PL
- You can bring the form to us in person to the above address (Mon - Fri 10-4)

**G. ANY QUESTIONS?**

- Email us [dass@manchester.ac.uk](mailto:dass@manchester.ac.uk)
- Phone us 0161 275 7512
- Web [www.manchester.ac.uk/dass](http://www.manchester.ac.uk/dass)