**Extenuating Circumstances Form (Covid-19)**

Extenuating Circumstances refer to cases of serious unforeseen or unpreventable circumstances.

To apply for consideration of extenuating circumstances due to Covid-19, you should submit this completed form to the COVID-19 Student Support Officer, who will liaise with the Head of Department who is responsible for managing your programme of study and will coordinate the College response to your particular needs.

You may also need to provide supporting evidence that you qualify as High Risk or Very High Risk in respect of Covid 19 as per the HSE description (<https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>). That is, a Medical Certificate from your GP or from the College GP may be helpful in establishing how best to mitigate risk in your particular circumstances. **Please note that the €10 fee for attending the College doctor will be waived in respect of a Covid Health Assessment for establishing ‘higher risk’ status under the HSE guidelines.**

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| Personal Information |
| **Student name** |  | **Student ID** |  |
| **E-mail address** |  | **Phone number** |  |
| **Programme** |  | **Stage** |  |

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| Nature of your extenuating circumstances**Please describe your circumstances**. Coronavirus (COVID-19) can make anyone seriously ill. But for some people, the risk is higher. There are 2 levels of higher risk: * [Very High Risk](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html#very-high-risk) (also called extremely vulnerable)
* [High Risk](https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html#high-risk)

Please be specific as to the nature of the circumstances that affect your risk level. Your confidentiality is assured. Only those people who will consider your circumstances will have sight of this form. **Appropriate original supporting evidence must be supplied.**  |
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| **Please tick the box below which best describes your extenuating circumstance**Where appropriate, please ask the professional providing supporting evidence to be as specific as possible in outlining the impact of your circumstances on your ability to meet the demands of your academic programme. |
|  | I am Very High Risk in respect of COVID-19 |[ ]
|  | I am High Risk in respect of COVID-19) |[ ]
|  | I care for/cohabit with someone at a higher risk from COVID-19 |[ ]
|  | Other, please specify below: |[ ]
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| **Please add any clarification or explanation regarding the above impacts.** |
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| **Registered with Student Learning Support?**If you are registered with NCAD’s Student Learning Support service it may be helpful in considering your application to have access to your Profile Of Needs Statement (PONS). Please tick the box below if you are registered with the service and consent your PONS and documentation being made available in support of your application.  |
|  | I am Registered with the Student Learning Support service and consent to my PONS and documentation being accessed in support of my application.  |[ ]

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| Student Declaration |
| I confirm that I have read the HSE guidance in relation to ‘People at Higher Risk’ and that the information given in this form is true and factually correct.I confirm that this information may be disclosed, where necessary, to academic and administrative staff of NCAD involved in determining my grades. |
| **Student’s name** |  |
| **Student’s signature** |  | **Date** |  |

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| It is the responsibility of the student to ensure that this form is submitted to the COVID-19 Student Support Officer (studentcovidmanager@staff.ncad.ie).Students are encouraged to submit applications as soon as possible in order to enable the College to review each individual’s circumstances and ensure appropriate mitigations are put in place where possible.**Failure to submit this form may affect your permission to be on campus.**If you require support in completing this form, please contact the COVID-19 Student Support Officer by email: studentcovidmanager@staff.ncad.ie or your Head of Department. |

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| Received by COVID-19 Student Support Officer |
| **Signature of COVID-19 Student Support Officer** |  | **Date** |  |
| **Supporting documentation included** | Yes |[ ]  No |[ ]

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| Received by Head of Department / Head of Academic Affairs |
| **Name of Head of Department** |  |  |  |
| **Signature of Head of Department** |  | **Date** |  |

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| Outcome of ‘Risk / Mitigations’ Conversation with Student |
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| **Names of Persons Present for Discussion** |  |
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The outcome of the discussion in respect of risks and appropriate measures to mitigate the risks posed in respect of COVID-19 should be communicated to the COVID-19 Student Support Officer at the earliest opportunity.