



Evidence of a Disability

The National College of Art and Design requires evidence of a disability to support the provision of any reasonable accommodations in College. Students who do not have appropriate evidence of their disability should forward the 'Evidence of Disability Form' to their Medical Consultant / Specialist to be completed. General Practitioner (GP) letters will not be accepted as suitable medical evidence.

Students with Specific Learning Difficulties (e.g. dyslexia) should provide a copy of their most recent Educational Psychology Report clearly stating that the student has a Specific Learning Difficulty. This report must contain the age equivalent of intellectual functioning and reading age, age-related percentile point, or adult norm in the case of mature students. For applications to the CAO through the Supplementary Admissions Route assessment should have been conducted within the last 3 years. This three year rule does not apply to registering with the Disability Service for appropriate and relevant supports. Full details on what is acceptable evidence for students with disabilities and specific learning difficulties are available on our website at:

Students with Specific Learning Difficulties (e.g. dyslexia) should provide a copy of their most recent Educational Psychology Report clearly stating that the student has a Specific Learning Difficulty.

Instructions for Completion:

- ⇒ A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form.
- ⇒ This form must be stamped.
- ⇒ All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g. Dyslexia), who must provide a recent Educational Psychologist's report.

NOTE: Evidence from a General Practitioner / Family doctor, or support organisation is not accepted as verification of disability.

Please complete ALL sections below in TYPE or BLOCK capitals:

1

Student Details

Title and Full Name of applicant:

Date of Birth:

Phone (including area code)

Student number

2

Qualified Health Professional/Specialist

Name, Title of Consultant/Specialist:

Phone (including area code)

Position/Professional Credentials

Date of Report

This report **must be** accompanied by the Qualified Health Professional's stamp, business card or headed paper:

3

Disability Information (to be completed by qualified health professional)

Disability type (please tick)

Hearing Impairment/Deaf

Vision Impairment/Blind

Physical Disability

Mental Health Difficulties

Specific Learning Difficulty

Autism Spectrum

Medical Condition

Other

Please state the specific name of the Disability

Date of Diagnosis/Onset of Disability

4

Please Briefly Describe the Course of the Condition i.e. will remain static, may have periods of relapse/remission, may deteriorate.

Duration: Ongoing/Permanent

Temporary

Fluctuating

5

How does the disability/medical condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.)?

6

Please describe measures currently being taken to treat the disability (e.g. medication, therapy).

7

What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?

8

Signature and Date

Consultant's Signature

Date ____/____/____