

Support Requirements Form

Please complete this form if you wish to tell us about a learning difficulty/disability/medical condition

First name/s including middle name	<input type="text"/>	Surname	<input type="text"/>
Home address	<input type="text"/>	Date of birth/ Student number	<input type="text"/>
	<input type="text"/>		
Postcode	<input type="text"/>	Mobile telephone	<input type="text"/>
Home telephone including area code	<input type="text"/>	Email address	<input type="text"/>
Course	<input type="text"/>	Start date	<input type="text"/>

Please tick all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Asperger's Syndrome/HFA/ASD | <input type="checkbox"/> Brain injury | <input type="checkbox"/> Behavioural difficulty |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> English as a second language |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Mental health need/anxiety/
depression |
| <input type="checkbox"/> Dyspraxia | <input type="checkbox"/> Physical disability | |
| <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Learning difficulty | <input type="checkbox"/> Any other - please specify below |

Did you have any special exam arrangements at school? Yes, please specify

Please tick if you have any of the following

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> School action | <input type="checkbox"/> Statement | <input type="checkbox"/> Educational psychologist report/
specialist assessment |
|--|------------------------------------|--|

Our commitment to you

We will work with you to overcome any barriers to your learning.

For further information about learning support in the College or to discuss your needs confidentially with a member of the Learning Support team, please call 01823 366 882.

The College ensures that disabled students are treated as favourably as non-disabled students. We work closely with individuals to provide reasonable adjustments in compliance with the Disability Discrimination Act Part 4. The College Disability Statement explains our commitment to this.

**Please return this form to:
The Admissions Office
Somerset College
Wellington Road
Taunton TA1 5AX**

I agree to this information being sent to the Learning Support team and understand that this might be discussed with other members of staff before my interview. I agree that Somerset College may contact my school to discuss how best to support my needs.

Signature

Date

This information can be made available in other formats



Somerset College

Wellington Road Taunton Somerset TA1 5AX 01823 366 366 www.somerset.ac.uk