

## **Applicant Information: Reasonable Adjustment**

Please complete and return the form below to [disability@uea.ac.uk](mailto:disability@uea.ac.uk) so that we can be aware of your study support requirements at University.

**Name:**

**UCAS Number:**

**Disability/Specific Learning Difficulty:**

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Please note that for any reasonable adjustment for accommodation, academic support and examinations to be made, the University will require evidence from you in the form of a letter or report from your GP or other medical specialist, a report from a Clinical Psychologist or Educational Psychologist (or qualified specialist teacher for dyslexic applicants) or a psychiatrist. You can send this to us now or bring it in to the Dean of Students Office when you arrive at University in the Autumn.

If you have any questions about the evidence we will require, please e-mail [disability@uea.ac.uk](mailto:disability@uea.ac.uk) or contact us via Facebook, search pages for UEA Disability Services.

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### **Accommodation**

The University will endeavour to provide accommodation to meet your specific needs. Please use the drop-down box below to identify your requirements.

- |   |                          |
|---|--------------------------|
| Ensuite                                   | <input type="checkbox"/> |
| Ground Floor                              | <input type="checkbox"/> |
| First Floor                               | <input type="checkbox"/> |
| Accessible Room – Wheelchair User         | <input type="checkbox"/> |
| Accessible Room – Non-Wheelchair User     | <input type="checkbox"/> |
| Quiet Flat                                | <input type="checkbox"/> |
| Fire Alarm – Hearing Impaired             | <input type="checkbox"/> |
| Accessible Room – Wheelchair User +1 PA   | <input type="checkbox"/> |
| Accessible Room – Wheelchair User +2 PA's | <input type="checkbox"/> |
| Additional Room for PA                    | <input type="checkbox"/> |
| Other – Please specify below              | <input type="checkbox"/> |

## Academic Support

Please use the drop-down boxes to tell us whether you have had any of the following at school/college/university:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Loan/use of a laptop computer for writing | <input type="checkbox"/> | <input type="checkbox"/> |
| Reader                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Scribe                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Note Taker                                | <input type="checkbox"/> | <input type="checkbox"/> |
| BSL Interpreter                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille documents/books                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of assistive software                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please specify below:             |                          |                          |

|  |                          |                          |
|--|--------------------------|--------------------------|
| Use of a Dictaphone                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Dyslexia Tuition                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Help with time management and organisation     | <input type="checkbox"/> | <input type="checkbox"/> |
| Meeting with learning support/disability staff | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – Please specify below:                  |                          |                          |

## Examination Arrangements

Please use the drop-down boxes below to let us know what, if any, examination arrangements you have had/are having:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| I have had specific arrangements for my exams:                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Extra Time – If yes please specify below                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 25% <input type="checkbox"/> More than 25% <input type="checkbox"/> |                          |                          |
| Reader  | <input type="checkbox"/> | <input type="checkbox"/> |
| Scribe  | <input type="checkbox"/> | <input type="checkbox"/> |
| Rest breaks   | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of computer   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – Please specify below:                                       |                          |                          |

If you wish to provide any additional information which you think is important for us to know, please type in the space below: