Dyslexia Action Disability Disclosure (DISC) Form

This form serves two purposes:

1. The form can be used to let us know if you have a disability that may affect the progression of your studies, or if you care for someone with a disability. If either of these (or both) is the case, you are entitled to reasonable adjustments.
2. The form can be used to apply for reasonable adjustments, if you feel this is appropriate for you.

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| **CONFIDENTIAL DISCLOSURE FORM** | |
| I note that information on this form is confidential information and is only made available to the Disability Team and tutor(s) for the course(s) I study.  **I give consent to disclosure within the limits noted.** | |
| **Name:** | **Date:** |
| **Email Address:** | |
| **Phone number(s):** |  |
| **Please state the nature of your disability or medical condition and note any further information about your study support needs:** | |

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| **Please tick any relevant boxes below:** | **🗸** |
| I wish to disclose a disability/that I am a carer for a person with a disability and require one-week extensions to all assignment where extensions can be applied for (e.g. summative assignments, key formative assignments). |  |
| I have another or an additional requirement and would like to speak to the Disabilities Advisor in person. |  |
| I wish to disclose a disability, but at present do not wish to apply for any reasonable adjustments. I will contact [dada@dyslexiaaction.org.uk](mailto:dada@dyslexiaaction.org.uk) should I require any adjustments in the future. |  |

This form should be returned to [dada@dyslexiaaction.org.uk](mailto:dada@dyslexiaaction.org.uk). If you would like to make any amendments to the form or if you are concerned about this process in any way, please email us as above. We are here to help.