Long Term Health Condition

Notification Form

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| --- | --- |
| **Name:** | **Student Reference Number:** |
| **Programme:** | **Stage:** |
| **Disability, impairment or medical condition:** | |

**SEE NOTES ON REVERSE**

**Further details:**

**Please give brief details of the effect of your disability or medical condition on your ability to study/undertake assessments:**

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**Expected duration:**

**Please indicate how long you are expecting to experience your condition: (ie, life long, etc)**

……………………………………………………………………………………….………..

Student signature: ……………………………………… Date …………………………

**Long Term Health Condition Disclosure**

**(Details will be kept as confidential as possible)**

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| --- |
| **Yes** |
| I agree to relevant information about my health and/or support needs being disclosed to those teaching and administrative staff who have a need to know.  Signature:……………………………………. Date:……………………………………….. |

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| **No** |
| I do not agree to disclosure about my health and understand that this may limit the support I receive.  I agree to inform the Faculty Office if I reconsider this decision.  Signature:……………………………………. Date:……………………………………….. |

**NOTES**

This form should be used in order to inform your Faculty of Long Term Health Condition affecting your studies and assessments.Long Term Health Condition encompasses medical conditions which:

* Are persistent, often lasting for more than three months, and often life-long
* Cannot be solved in a short time, or which will recur regardless of action, or which need to be managed on a long-term basis
* Are a long-term or permanent illness that often results in some type of disability and which may require you to seek help with various activities
* Can be managed but can ‘flare-up’

Examples of conditions which fall into this category are: Cystic Fibrosis, Costochondritis, Fibromyalgia, Chronic Fatigue Syndrome (ME), Psychosis, and Bipolar Disorder. Further advice may be obtained from Disability Assist Services in the University.

This form must be accompanied by a statement from your GP, hospital consultant or appropriate specialist responsible for your treatment which provides clear confirmation of the nature, severity, duration and effect on your studies of your condition. Once a claim is authorised, you will continue to be required to submit an extenuating circumstances claim for any missed assignment submission deadline, test, or examination which is directly attributable to a flare-up of your Long Term Health Condition, but you will not be required to resubmit evidence. As a result of this process, it may be considered appropriate for a Case Conference to be convened to consider your case in more detail. Further details regarding this can be found in the Late Coursework and Extenuating Circumstances Regulations available via the Student Handbook - Rules and Regulations – Academic Regulations, Notes for Guidance and Procedures for Taught Programmes.

You must inform your Faculty of any change in your condition, whether improvement or deterioration, in order that the claim can be reassessed. The Faculty may require further evidence from time to time. You will be contacted at the start of each academic year to review your case.

**Office Use Only**

Evidence attached: YES/NO\* Delete as appropriate

Claim approved: YES/NO\* Delete as appropriate

Screening Panel: ………...…………………………………Date……………………..……

If not approved reason for decision: ……………………………………………………..

……………………………………………………………………………………………………..

Received by Faculty Registrar: ……………………….……Date………………………….

Date: ……………….…………………………………………….

**ONCE COMPLETE, THIS FORM TO BE COPIED TO PROGRAMME LEAD, MODULE LEADER, DAS, STUDENT FILE AND STUDENT.**