

Access Solent Registration Form:

First name Surname M / F

Student Number Date of Birth

Mobile no Email

Course

Year 0 1 2 3 4 Other

Declared Condition(s)

Do you have documentation confirming diagnosis? Yes No Unsure
(eg Educational Psychologist (EP) report / medical letter)

Tick 'unsure' if you have documents but do not know if they fully confirm a diagnosis.

Have you applied for student finance? Yes No Not eligible

OFFICE USE ONLY	Registered by:	Date registered:
DSA2 provided:	Yes <input type="checkbox"/> No DSA <input type="checkbox"/>	Will bring in <input type="checkbox"/> Address downloaded from SRS <input type="checkbox"/>
Loan docs provided:	Yes <input type="checkbox"/> No loan <input type="checkbox"/>	Will bring in <input type="checkbox"/> Screening request <input type="checkbox"/>

Data Protection: personal information held by Access Solent

Information concerning your disability/individual support needs may be shared with Southampton Solent University staff and with external agencies, such as, Randstad Student Support, Funding bodies and Health & diagnostic professionals on a 'need to know' basis in order to set up and deliver your support. Refusal to consent to information sharing may limit our ability to meet your individual needs.

I consent to Access Solent sharing my information as described above.

If you also wish Access Solent to be able to discuss your disability/individual support needs with your spouse/partner/parent/guardians/carers, please tick the box below.

I consent to Access Solent sharing information related to my disability/support needs with my *spouse/partner/parents/guardians/carers (*delete as applicable)

Further information about Southampton Solent's Data Protection Policy can be found at:
www.solent.ac.uk/about-us/the-university/data-protection-foi.aspx

Print Name:

Signed: Date: