

Disability Support Services: Evidence Form

The purpose of this form is to provide evidence of long-term medical conditions or disabilities for students who require support. It is not intended for learning differences, like dyslexia. This form is intended to be completed by GPs and other health practitioners.

Once completed, the form will be uploaded by the student to a secure University portal where it will be reviewed to create a student Support Plan. University Support Plans set out reasonable adjustments and support that help our students thrive academically (e.g. exam adjustments) and access other areas of student life (e.g. sports).

Students may also share this form with their funding body (e.g. Student Finance England) in order to access Disabled Student Allowances (DSA). DSA can provide various kinds of additional support, including mental health mentoring, equipment and help with study related disability costs.

## Student details

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| --- | --- | --- | --- |
| Title |       | Date of birth (dd/mm/yyyy) |       |
| Forename(s) |       | Surname |       |
| DSA CRN (if known and applying) |  |

## Medical practitioner details

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| --- | --- | --- | --- |
| Full name  |       |  | Name and address of practice or organisation, including post code. Please use a practice stamp (electronic is fine) if you have one.  |
| Job title and certificate or registration number (e.g. GMC, HCPC, NMC) if available. |       |  |       |

## About the student’s condition or disability

| Duration and effect of the condition or disability |  If yes, please check box |
| --- | --- |
| In your professional opinion, does the condition or disability have a substantial\* adverse effect on the student’s ability to carry out normal day-to-day activities (including education)? Disabilities can include mental health conditions, physical and sensory impairments or any other long-term health condition. \*more than trivial |[ ]
| Do you also consider the disability or condition to be long-term? To be considered long-term, the effects must * have lasted for 12 months or
* be likely to last for 12 months or
* be lifelong.
 |[ ]

| Please tell us the diagnosis of the student’s health condition, mental health condition or disability. If a diagnosis has not yet been made, a ‘working diagnosis’ is acceptable.If the student has more than one disability, please list them. If you can’t provide a diagnosis or working diagnosis, please tell us why and give us what information you can.  |
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|       |

| When was the student diagnosed with their health condition or disability? |
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|       |

| Please describe the impact of the student’s condition on their day-to-day activities, including information about any regular medications or treatments. Please mention any aspects of their condition that might affect their studies, such as poor concentration, limited manual dexterity or severe social anxiety. If you think the student may need formal adjustments to their University accommodation, such as an en-suite bathroom or car park access, please provide a brief summary of their requirements.  |
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|       |

## Medical professional declaration

| Please sign to confirm that the information you have provided is true and complete to the best of your knowledge.  |
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| Please sign here (electronic signatures are acceptable) |       |
| Today’s date (dd/mm/yyyy) |       |

* Thank you for completing this form for the student.
* Now please pass the form back to the student.

**What to do next: Information for students**

1. Now that your Evidence Form has been completed, please complete the ‘Your Essential Information Form’. A copy is available here:

<https://www.nottingham.ac.uk/studentservices/documents/disability-support/your-essential-information-form-to-complete-2024.docx>

1. Please upload both documents to NottinghamHub, our secure portal. Full details are here:

<https://www.nottingham.ac.uk/studentservices/servicedetails/disability-support-services/submitting-your-evidence.aspx>

If you need this form in another format or have any other questions please email us at disability-suppportservices@nottingham.ac.uk or call us on +44(0)115 8232070.

Please note: students cannot re-claim any charge incurred for the completion of this form.