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**Form for Medical Professionals providing Evidence Letters**

To put in place Reasonable Adjustments at the University and to receive Disabled Students Allowance (DSA) from your funding body you need to provide information about your impairment or medical condition.

You and a medical professional who is familiar with your impairment must complete this form.

**What you need to do:**

* Complete your details in section 1.
* Ask the medical professional to complete section 2 and 3, and read, sign and date the declaration in section 4.

**Section 1 – Student details**

Title ………..................................................

First name …………………...……………………..………….

Last name …………………………………...…………………

Date of birth …………………………….………….………….. (DD/MM/YYYY)

**Now pass this form to a medical professional to complete the rest of this form**

**Section 2 – Medical professional details**

To evidence the student’s support in higher education and an application for additional funding via Disabled Students Allowances the patient needs you to give information about the nature of their impairment or condition. Please complete section 2 and 3, sign the declaration, then pass the form back to the student/ patient.

**2.1 Your details**

Your full name **…………………………………………………………………….**

Job Title **…………………………………………………………………….**

Certification / **…………………………………………………………………….**

Registration No.

**2.2 Practice or organisation details**

**Type of practice or organisation Where possible use you practice or organisation’s stamp here**

🞏 GP Practice

🞏 Primary Care Team

🞏 Secondary Care Team

🞏 Hospital

🞏 Other (give details below)

…………………………………………

………………………………………...

Name of Practice **…………………………………………………………………….**

or organisation

Address **…………………………………………………………………….**

 **…………………………………………………………………….**

 **…………………………………………………………………….**

Postcode **……………………………………………………….**

Contact number **…………………………………………………………………….**

**Section 3 - About the student’s condition/ impairment**

**3.1 What is your professional involvement with the student/ patient (if not clear from your job title)?**

**………………………………………………..……………………………………………………**

**Using your professional opinion please complete the following questions about the student/ patient**

**3.2 Diagnosis / working diagnosis (including any relevant dates)**

If it’s not possible to give either, explain why

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

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

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

Date of diagnosis **…………………………………………….** (DD/MM/YYYY)

**3.3a When did symptoms begin?**

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

**3.3b Is the condition estimated to last more than 12 months from when symptoms began?**

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

**3.4 What is the impact of this impairment on their ability to carry out normal day to day activities, including within education?** See examples below

**Example suggestions:** Concentration, Levels of energy/ fatigue, Motivation, Short term and/or long term memory, Reading or writing for long periods, Ability to work in groups or perform presentations, Use of computers, equipment or technology, Ability to meet deadlines, Exam performance, Ability to perform practical/lab activities, travel on public transport, walk any distance, sit and study, or attend classes.

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**Section 4 – Medical professional declaration**

Sign and date below to confirm that to the best of your knowledge the information you have provided is true and complete.

Your signature **…………………………………………….**

Today’s date **…………………………………………….** (DD/MM/YYYY)

**Please return this form to the student/ patient**

If you have any questions about the evidence to be provided please contact Disability Inclusion Service at the University of Salford.

**Student**

Please return the form to Disability Inclusion Service in one of the following ways:

* Scan and email to disability@salford.ac.uk
* Post to: Disability Inclusion Service, askUS, University House,

University of Salford, M5 4WT

* Hand in at any askUS desk across the University. Clearly mark for the attention of Disability Inclusion Service.

We recommend you keep a copy of the completed form for your own records.