*St. John's College*

 *Oxford*

 *OX1 3JP*

*From the Disability Co-ordinator*

*Mrs Elaine Eastgate*

*elaine.eastgate@sjc.ox.ac.uk*

August 2023

**Disability Disclosure Form**

St John’s College welcomes students with disabilities and is proud to offer them an inclusive and supportive environment. The College and the University have a responsibility to ensure that your needs as a disabled student are adequately met and so you are encouraged to disclose the details of your disability to us as early as possible. The information you provide is treated confidentially and stored securely. By completing and signing this form you are giving permission to me to share your information with relevant staff at St John’s College, in order for us to offer effective support. This will be done in confidence and on a strictly need-to-know basis.

The College works in close conjunction with the University’s Disability Advisory Service to offer support to our students. In order to explore what reasonable adjustments might be made for you, some of your information may need to be shared with the Disability Advisory Service and department/faculty disability contacts on a strictly need-to-know basis. Please also ensure that you disclose your disability to the Disability Advisory Service by completing their form which is available at [www.ox.ac.uk/students/shw/das/needs/](http://www.ox.ac.uk/students/shw/das/needs/)

Why it is important to disclose

We have found by experience that it is helpful for us to know as soon as possible if you have any particular needs so that we can put arrangements in place in advance of your arrival as this offers the best prospect of a smooth start to your daily life in College.

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| --- | --- | --- |
| **I consent to disclosure within the above limits** | Yes [ ]  | No [ ]  |

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In some instances, you may like us to liaise with your parents/guardians or other persons who remain closely involved in your support, such as health care professionals. Please give the details of anyone who you are happy for us to contact in relation to your disability and support requirements:

Name/contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please tick the boxes that you feel best describe you:

[ ]  You have a social/communication impairment such as an autism spectrum condition

[ ]  You are blind or have a serious visual impairment uncorrected by glasses

[ ]  You are deaf or have a serious hearing impairment

[ ]  You have a long-standing illness or health condition such as epilepsy or diabetes

[ ]  You have a mental health condition, such as depression or anxiety disorder

[ ]  You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D

[ ]  You have a physical impairment or mobility issues

[ ]  You have a disability, impairment or medical condition that is not listed above

[ ]  You have two or more impairments and/or disabling medical conditions

Evidence of your disability

Please note that in order to give you guidance and support, and to put in place any adjustments you require, it is necessary for you to provide evidence of your disability. Information about the type of evidence required, which depends upon the nature of your disability, is available at [www.ox.ac.uk/students/welfare/disability/needs](http://www.ox.ac.uk/students/welfare/disability/needs)

If you have declared a disability, have you attached the appropriate evidence as explained on the University website?

|  |  |
| --- | --- |
| Yes [ ]  | No [ ]  |

If No, when will you be able to send this to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give brief details below of any disability-related examination adjustments you have had at school or at a previous university. It should be noted that this should not be interpreted as a sign that these would be applied automatically by the University.

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|  |

 First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed form to elaine.eastgate@sjc.ox.ac.uk or post it to her at the address given at the top of the first page by **Friday 8 September** **2023**