Accommodation Services
Medical Evidence Form

Part A: About You
To be completed by the student before forwarding to GP/medical practitioner.

Full Name:                      Phone number:

Student ID or UCAS number:

Part B: Your Medical Condition
Tick all that apply:

- Autistic Spectrum Disorder
- Blind/partially sighted
- Deaf/hearing impairment
- Learning difficulty eg Dyslexia
- Mental health difficulties
- Multiple disabilities
- Personal care support
- Unseen disability eg diabetes, epilepsy
- Wheelchair user/ mobility difficulties
- Not Known
- Not listed, please state:

Please provide any additional information about your disability or medical condition that you feel is relevant:

Please return the completed form to:
accommodation.medical@ncl.ac.uk
Please describe how your disability or medical condition affects your accommodation. Please provide as much detail as possible.
Part C: Healthcare Professional Information

Part C should be completed by the GP or Consultant that you have seen for your medical condition.

Please note, you must provide the full name and address of your GP and/or consultant. A practice or department stamp is also required. Failure to provide these may result in a delay.

Full Name: ____________________________

Surgery/Department: ____________________________

Medical practice or departmental stamp: ____________________________

Signed: ____________________________

Date: ____________________________

Please provide details of the students diagnosis:

Diagnosis: ______________________________________________________

Date of diagnosis: ______________ Date of last consultation: ______________

Please indicate which of the below are essential/desirable in order for the student to manage their medical condition in university accommodation:

<table>
<thead>
<tr>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>En suite bathroom</td>
<td>[ ]</td>
</tr>
<tr>
<td>Ground floor room</td>
<td>[ ]</td>
</tr>
<tr>
<td>Lift access</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Essential | Desirable |
-----------|-----------|
Close to University | [ ] | [ ] |
Self-contained accommodation | [ ] | [ ] |

Please return the completed form to:
accommodation.medical@ncl.ac.uk
Does your patient require any of the following (tick all that apply):

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level-access bathroom</td>
</tr>
<tr>
<td>Shower chair</td>
</tr>
<tr>
<td>Grab rails</td>
</tr>
<tr>
<td>Clos-o-mat (WC)</td>
</tr>
<tr>
<td>Profiling height-adjustable bed</td>
</tr>
<tr>
<td>Fridge for medication</td>
</tr>
<tr>
<td>Flashing light fire alarm</td>
</tr>
<tr>
<td>Flashing doorbell</td>
</tr>
<tr>
<td>Motorised door opening</td>
</tr>
<tr>
<td>Wheelchair accessible</td>
</tr>
<tr>
<td>Motorised scooter user</td>
</tr>
<tr>
<td>Hoist</td>
</tr>
<tr>
<td>Adapted kitchen facilities</td>
</tr>
<tr>
<td>Induction loop</td>
</tr>
<tr>
<td>Vibrating pillow</td>
</tr>
<tr>
<td>Room for a carer/support worker</td>
</tr>
</tbody>
</table>

Please provide an additional supporting statement detailing why the student would benefit from the facilities selected in Part C:
**Part D: Your Consent**

To be completed by the student before submitting to Accommodation Services.

Any information you have provided will be treated in the strictest confidence. Accommodation Services will retain your information for one year, or until you depart our accommodation, whichever is soonest.

It may be necessary to consult with the University’s Student Health and Wellbeing Team when processing your application. If you consent to share, the Student Health and Wellbeing Team may contact you about further support and adjustments available to you.

Please indicate your consent below:

- [ ] I consent for you to share this information with Student Health and Wellbeing
- [ ] I do not consent for you to share this information with Student Health and Wellbeing

Our accommodation guarantee includes managed-partnership residences. **If you're allocated one of these rooms**, we may need to share your details with the provider that manages the accommodation. Your information will be treated with the strictest confidence.

If you do not provide consent to share, we cannot guarantee that your accommodation requirements will be met by the provider.

Please indicate your consent below:

- [ ] I consent for you to share this information with a managed partner provider
- [ ] I do not consent for you to share this information with a managed partner provider

Please complete and return all pages of this medical evidence form. If you do not give us all the information we need there may be a delay processing your evidence.

Please return the completed form to:
accommodation.medical@ncl.ac.uk