**Part A (to be completed by the student)  
*This form should be submitted to the School office alongside supporting documentation where possible***

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| 1. **Details of the student requiring special arrangements** | | | | | | | | | | | |  |  |
| **First Name** | | Click or tap here to enter text. | | | | **Course of Study** | | | Click or tap here to enter text. | | | |  |
| **Surname** | | Click or tap here to enter text. | | | | **Year of Study** | | | Click or tap here to enter text. | | | Choose an item. |  |
| **Student Number** | | Click or tap here to enter text. | | | | **QUB email** | | | Click or tap here to enter text. | | | |  |
| **Date of Birth** | | Click or tap here to enter text. | | | | **Contact Number** | | | Click or tap here to enter text. | | | |  |
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| **Details of the injury/condition and likely impact the temporary impairment will have on studies** | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | |  |
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| **Anticipated length of time the condition/ impairment will impact academic studies** | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | |  |
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| **Outline supports that may be helpful in relation to area of study i.e. access to lectures, examinations and assessments** | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | |  |
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|  | **Where appropriate the school may seek guidance from the Disability and Wellbeing Service to consider your request and appropriate supports.** | | | | | | | | | | | |  |
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|  | **Does the school have permission to share your details with Disability and Wellbeing where appropriate?** | | | | | | | | | | | Choose an item. |  |
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|  | **Student Signature** | | | | Click or tap here to enter text. | | | **Date** | | | Click or tap here to enter text. | |  |
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**Part B (to be completed by staff member)**

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| 1. **Details of staff member requesting special arrangements for student** | | | | | | | | | | | |
|  | **Title** | Click or tap here to enter text. | | | **School** | | Click or tap here to enter text. | | | |  |
|  | **First Name** | Click or tap here to enter text. | | | **QUB email** | | Click or tap here to enter text. | | | |  |
|  | **Surname** | Click or tap here to enter text. | | | **Head of School** | | Click or tap here to enter text. | | | |  |
|  | **Has the student consented to their information being shared with Student Disability & Wellbeing if appropriate?** | | | | | | | | | Choose an item. |  |
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| 1. **Information to support special arrangement** | | | | | | | | | | | |
|  | **Date impairment/**  **issue reported** | | Click or tap here to enter text. | | **Supporting documentation?** | | |  | | Choose an item. |  |
|  | **Details of any supporting documentation provided by student** | | | | | | | | |  |  |
|  | Click or tap here to enter text. | | | | | | | | | |  |
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| 1. **Support Agreed** | | | | | | | | | | | |
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|  | **4a. School Based ‘in course’ Support** | | | |  | |  |  | |  |  |
|  | **No School Based ‘in course’ Support required** | | | | | | | | | Choose an item. |  |
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|  | **Standard Reasonable Adjustments** | | | | **Support Required?** | | **Additional Notes** | | | |  |
|  | Flexibility with assignment deadlines for the next upcoming assessment | | | | Choose an item. | | Click or tap here to enter text. | | | |  |
|  | Permission to audio record lectures and/or tutorials | | | | Choose an item. | | Click or tap here to enter text. | | | |  |
|  | Consideration for handwriting | | | | Choose an item. | | Click or tap here to enter text. | | | |  |
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| 1. **Support Agreed (cont.)** | | | | | | | | | | | |
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|  | **4b. One to One Support** | | | |  | |  |  | |  |  |
|  | **No One to One Support required** | | | | | | | | | Choose an item. |  |
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|  | **Standard Reasonable Adjustments** | | | | **Support Required** | | **Additional Notes** | | | |  |
|  | Note Taker | | | | Choose an item. | | Click or tap here to enter text. | | | |  |
|  | Campus Assistant (General) | | | | Choose an item. | | Click or tap here to enter text. | | | |  |
|  | **To arrange one to one support the School should contact the Queen’s Register of Support Providers (nmhregister@qub.ac.uk).  School agree to incur the charges for 1:1 support if students are not registered with Disability Services.** | | | | | | | | | |  |
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|  | **4c. Exam Support** | | | | | | | | | |  |
|  | **No Exam Support required** | | | | | | | | Choose an item. | |  |
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|  | **N.B. Exam support required outside of class tests must be shared with the Disability and Wellbeing Service via SharePoint for consideration and approval as noted on completion of this form.** | | | | | | | | | |  |
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|  | **Provide the following information in relation to the examinations to be undertaken** | | | | | | | | | |  |
|  | Exam period (ie month and year) | | | Click or tap here to enter text. | | | | | | |  |
|  | Title and date of specific examinations | | | Click or tap here to enter text. | | | | | | |  |
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|  | **Standard Reasonable Adjustments** | | | | | | | **Support(s) Required** | | |  |
|  | Rest Breaks – Up to 15 minutes per hour | | | | | | | Choose an item. | | |  |
|  | Extra Exam time (usually 25%) | | | | | | | Choose an item. | | |  |
|  | Change of venue | | | | | | | Choose an item. | | |  |
|  | Use of PC – Laptop | | | | | | | Choose an item. | | |  |
|  | Bathroom close to venue | | | | | | | Choose an item. | | |  |
|  | Consideration for handwriting | | | | | | | Choose an item. | | |  |
|  | Ergonomic Supports | | | | | Specialist desk | | Choose an item. | | |  |
|  |  |  |  |  |  | Footstool | | Choose an item. | | |  |
|  |  |  |  |  |  | Back support | | Choose an item. | | |  |
|  |  |  |  |  |  | Writing slope | | Choose an item. | | |  |
|  |  |  |  |  |  | Document holder | | Choose an item. | | |  |
|  |  |  |  |  |  | Specialist chair | | Choose an item. | | |  |
|  | Accessible venue | | | | | | | Choose an item. | | |  |
|  | Exam Scribe\* |  | | | | | | Choose an item. | | |  |
|  | Additional Notes | Click or tap here to enter text. | | | | | | | | |  |
|  | **\*To arrange one to one support the School should contact**  **the Queen’s Register of Support Providers (nmhregister@qub.ac.uk).**  **School agree to incur the charges for 1:1 support if students**  **are not registered with Disability Services**  ☞ | | | | | | | | |  |  |
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| 1. **Support Agreed (cont.)** | | | | | | | | | | | |
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|  | **4d. Library Support** | | |  |  | |  |  | |  |  |
|  | **Students can be directed to library staff for help and support to access the library.** | | | | | | | | | |  |
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|  | [**Help and Support | Information Services | Queen's University Belfast (qub.ac.uk)**](https://www.qub.ac.uk/directorates/InformationServices/TheLibrary/UsingtheLibrary/HelpandSupport/) | | | | | | | | | |  |
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|  | **4e. Wellbeing Support** | | |  |  | |  |  | |  |  |
|  | **Guidance on how to support students, make referrals**  **and find out about the services offered can be found here** | | | | | | | | | |  |
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|  | [**Information for Staff | Student Centre | Queen's University Belfast (qub.ac.uk)**](https://www.qub.ac.uk/directorates/sgc/wellbeing/InformationforStaff/) | | | | | | | | | |  |
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|  | **Students can also be directed to the contact the Disability and Wellbeing Service**  **via the daily drop-in or online form** | | | | | | | | | |  |
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|  | [**Connect With Us | Student Centre | Queen's University Belfast (qub.ac.uk)**](https://www.qub.ac.uk/directorates/sgc/wellbeing/ConnectWithUs/) | | | | | | | | | |  |
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|  | **Student Wellbeing Referral** | | | | | | | **Support Required** | | |  |
|  | Staff member to refer student to Student Wellbeing | | | | | | | Choose an item. | | |  |
|  | Student to contact Student Wellbeing | | | | | | | Choose an item. | | |  |
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|  | **Agreed Timeframe of support** | | | | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | |  |
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|  | **Student Signature** | | Click or tap here to enter text. | | | **Date** | | Click or tap here to enter text. | | |  |
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|  | **Staff Signature** | | Click or tap here to enter text. | | | **Date** | | Click or tap here to enter text. | | |  |
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|  | **Disability & Wellbeing Approval (only required for central exam support)** | | Click or tap here to enter text. | | | **Date** | | Click or tap here to enter text. | | |  |
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For central exam support nominated School staff then upload completed form to the Student Wellbeing SharePoint site. (for SharePoint access please contact the school representative or email [disability.office@qub.ac.uk](mailto:disability.office@qub.ac.uk))

Student Disability & Wellbeing will review the student’s entitlement to special examinations arrangements. If supports are appropriate, Student Disability & Wellbeing will forward the form to the Exams Office. (Any queries will be discussed with the School).

The ability to implement the support will be confirmed to the student by the Exams Office. (If, for any reason supports cannot be implemented, e.g. time, venue restrictions, Exams Office will notify the student, School and Student Disability & Wellbeing. )