Hibernia College Quality Framework

**Reasonable Accommodation Application Form**

Read this form carefully, then complete sections 1 and 2 and submit it by email along with any supporting evidence to **studentsupport@hiberniacollege.net****.**

Applicants must provide verifiable evidence of their disability, long-term illness or specific learning need (for example, a medical cert or evaluation by a competent professional). The type of evidence and the age of the report should follow [DARE guidelines](http://accesscollege.ie/dare/providing-evidence-of-your-disability/).

THIS FORM WILL BE COMPLETED AND RETURNED TO YOU AS NOTIFICATION OF THE OUTCOME OF YOUR APPLICATION FOR REASONABLE ACCOMMODATION

# Student Information and Declarations (completed by the student)

## Student Details

|  |  |
| --- | --- |
| **Name**  | Click or tap here to enter text. |
| **Student Number** | Click or tap here to enter text. |
| **Programme**  | Click or tap here to enter text. |
| **Programme Cohort** | Click or tap here to enter text. |

## Checklist and Declaration

*Note: Do not submit this application until you have completed this checklist and signed below.*

|  |  |
| --- | --- |
| **Statement** | **Tick** |
| I have read and understood the **Policy** and the associated **Procedure** for **Reasonable Accommodation** before completing Section 2 below.[These are available on [qualityframework.hiberniacollege.com](https://qualityframework.hiberniacollege.com/). For any clarifications, contact studentsupport@hiberniacollege.net] |[ ]
| I have included verifiable evidence in support of my application. |[ ]
| I understand that my personal information will be held electronically for the duration of the programme plus one year per the college retention schedule.  |[ ]
| I have completed this form to the best of my knowledge and included all relevant information. |[ ]
| I confirm the information provided is accurate per my knowledge. |[ ]
| Dated | Click or tap to enter a date. |

# 1.3 Consent and Disclosure:

Hibernia College will ensure that the personal data you have provided will only be used for the purpose of supporting your disability, long-term illness or specific learning need.

### Disclosure to Personnel

|  |
| --- |
| The Student Support Officer will inform the appropriate personnel only of the relevant details in order to facilitate the required supports. |
| **Personnel** | **Type of Disclosure** | **Tick** |
| Registrar | Application for Reasonable Accommodation in full |[ ]
| Head of Student Affairs and Student Support officer | Application for Reasonable Accommodation in full |[ ]
| Academic Lead | Application for Reasonable Accommodation in full |[ ]
| Assessment and Awards Office | Name, student number, exam accommodations |[ ]
| Faculty and/or staff with direct responsibility for placement | Name, student number, support accommodations |[ ]
| Adjunct Faculty | Name, student number, support accommodations |[ ]
| Faculty and/or staff with direct responsibility for research | Name, student number, support accommodations |[ ]
| Research Supervisor | Name, student number, support accommodations |[ ]
| Programme Administrator | Name, student number, reasonable accommodations |[ ]
| I consent to my personal information being forwarded by the Student Support Officer to the relevant personnel as outlined above (please tick all sections to confirm). |[ ]
| Dated | Click or tap to enter a date. |

### Disclosure to Third Parties

|  |
| --- |
| The Student Support Officer will inform appropriate third parties only of the relevant details in order to facilitate the required support and/or where there is a duty of care to both the student and vulnerable persons they may come into contact with. |
| **Personnel** | **Type of Disclosure** | **Tick** |
| Third parties involved in the management of students on placement e.g. School Principal on Teaching Practice, clinical placement supervisors, workplace supervisors | Name, student number and the specific nature of the disability, long-term illness or specific learning need where there is a duty of care to protect the student and/or vulnerable persons in their care. |[ ]
| I consent to my personal information being forwarded by the Student Support Officer to the relevant third parties as outlined above (please tick all sections to confirm). |[ ]
| Dated | Click or tap to enter a date. |

# Application Information

## Details of Disability / Medical Condition /Specific Learning Need

|  |
| --- |
| **Please describe the disability / medical condition / specific learning need** |
| Click or tap here to enter text. |
| **Please outline the impact this disability / medical condition /specific learning need has had in your previous educational and/or workplace experience and details of supports you received to help you overcome these:**  |
| Click or tap here to enter text. |
| **What specific supports or accommodation do you require?** |
| Click or tap here to enter text. |

## Evidence

*Note: Remember that the college* ***will not*** *consider applications for Reasonable Accommodation that are not supported by verifiable evidence.*

|  |
| --- |
| **Summarise the evidence you have in support of your application, which may be appended to your application.** |
| Click or tap here to enter text. |

# Determinations (completed by the College)

## Validation

|  |  |
| --- | --- |
| **Question**  | **Yes/No** |
| Are the student’s circumstances supported by evidence? | Choose an item. |
| Are the student’s circumstances sufficient to merit Reasonable Accommodation? | Choose an item. |
| Are there cost implications (i.e. Assistive Technology) | Choose an item. |

# Decision of Academic Lead (or nominee) and Registrar (completed by the College)

|  |
| --- |
| **Details of Reasonable Accommodations Granted** |
| **Disclosure to Third Parties** | **Yes/No** |
| Due to the specific nature of the student’s disability, long-term illness or specific learning need, there is a duty of care to inform appropriate third parties. | Choose an item. |
| **Teaching and Learning:** | **Yes/No** |
| Notes in advance of lectures  | Choose an item. |
| Permission to leave seat/room  | Choose an item. |
| Permission to record on-site lectures | Choose an item. |
| Permission to eat and drink | Choose an item. |
| Other | Click or tap here to enter text. |
| **Examination Accommodations:** | **Yes/No** |
| Alternative exam room | Choose an item. |
| Room Alone | Choose an item. |
| Extra time (10 mins per hour) | Choose an item. |
| PC/Laptop for exam | Choose an item. |
| Scribe | Choose an item. |
| Reader | Choose an item. |
| Spelling and Grammar Waiver (where the purpose of the exam *does not* relate to competency in spelling and grammar – see Note) | Choose an item. |
| Other | Click or tap here to enter text. |
| **Assistive technology:** |  |
| Smart pen | Choose an item. |
| Software | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |
| **Other Supports:** | **Yes/No** |
| Support meeting with a member of programme team (normally by phone)  | Choose an item. |
| Support meeting with a member of placement team (normally by phone) | Choose an item. |
| Support meeting with the Student Support Officer (normally by phone) | Choose an item. |
| [Academic Writing Toolkit (standard)](https://myhelms.com/my-programme/186/3330)  | Choose an item. |
| [Student Counsellor (standard)](https://myhelms.com/counselling-service) | Choose an item. |
| [Time Management skills programme (standard)](https://myhelms.com/learn/course/view.php?id=1227&section=12) | Choose an item. |
| Spelling and grammar waiver to be applied:* For internal documentation e.g. written assignments that won’t be used in a professional setting such as on placement
* Draft stage dissertation submissions
 | Choose an item. |
| Other  | Click or tap here to enter text. |

# Notes:

Fitness to Practise Statements set out specific behaviours and competencies required for particular programmes. The professional requirements of a programme may influence the provision of particular accommodations.

# Signatures:

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel**  | **Name** | **Approved (Yes/No)** | **Date** |
| **Academic Lead or Nominee** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Registrar** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Student Support Officer**  | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |