 

**Learning & Disability Support: Code of Practice**

Student Name: (BLOCK CAPITALS) CONN FITZGERALD

Student Number: 20394073

Consent to Release Information

I request Reasonable Accommodations on account of my disability from NCI Learning and Disability Support Service. I understand that I can request a review of these accommodations at any time (with reasonable notice) and it is my responsibility to alert Learning and Disability Support Service if my accommodations are not satisfactory or become unsatisfactory over time.

Learning and Disability Support Service will ensure that personal data will only be used to facilitate the required levels of Reasonable Accommodations and other supports. I consent to Learning and Disability Support Service adding information relating to the nature of my disability and Reasonable Accommodations to my student record.

I consent to Learning and Disability Support Service passing on the following information to the departments outlined below for the purpose of providing me with Reasonable Accommodations: Please tick.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Department** | **Type of Disclosure** |
| X |  | Funding Body (Higher Education Authority-  Fund for Students with a Disability or  Disabled Student Allowance – European  Social Fund (ESF)) | Name, student number, evidence of disability,  details of supports received, registration status,  degree outcome and other personal information  as outlined below. |
| **X** |  | School and Programme staff including  Programme Coordinators, Lecturers and  Programme Directors. | Educational Needs Assessment Report |
| X |  | Exams Office | Name, student number and exam  accommodations. |
| X |  | Buildings & Services | Name, student number and Personal Emergency Evacuation Plan (PEEP). |
| X |  | Careers team | Educational Needs Assessment Report |
| X |  | Support Staff including Assistive Technology, Computing support  and Maths support | Educational Needs Assessment Report |
| X |  | Library | Name, student number and library support. |

I understand that my disability related documentation will be retained securely as electronic files for the duration required by the Higher Education Authority (HEA) after which it will be destroyed.

I understand that official NCI communication is via student email and will check this regularly and respond accordingly. Complaints in relation to decisions made by NCI Learning and Disability Support Service staff or with service delivery should be dealt with through the NCI Complaints Procedure if they are not resolved by NCI Learning and Disability Support Service to my satisfaction.

**Non-disclosure of information**: Please note that if you have ticked **‘No’** in any of the boxes in the table above, you may not be able to receive those Reasonable Accommodations that require disclosure of information.

**Feedback and research:** The contribution of students who use Learning and Disability Support Service is vital so that the service can develop in response to evidence based research. By accessing disability supports from NCI Learning and Disability Support Service, I understand that I will be asked to participate in surveys or other forms of research but that my non-participation will not in any way prejudice the supports or accommodations I may be entitled to.

Signed: Conn Fitzgerald Date:20/10/20

**Declaration**

The information provided above is true, complete and accurate. I have not received assistance for the stated purpose/service which is the subject of this application.

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

**To be completed by Needs Assessor:**

Has the student provided evidence of disability documentation that meets the criteria for the Fund as outlined in the NCI Evidence of Disability form? **Yes No**

**Is the student eligible for the FSD? Yes No Staff Signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

