



THAMES
COLLEGE
BERKSHIRE

Disability Strategy

This document is essential
for staff to read and keep for
future reference.

Reviewed by Thames College Berkshire
Management in March 2010
Next Review Date April 2011

70. Disability Strategy

At Thames College Berkshire, we encourage all students to disclose their special needs at the earliest possible opportunity. This allows us to assess the provision required and discuss various support options with the students.

In terms of admission, applicants with special needs are assessed on their academic potential only. Applicants are required to satisfy the General Entrance Requirement of Thames College Berkshire which is set out in the prospectus of the course which is of particular interest to the student. Thames College Berkshire's commitment is to provide support and ensure top priority is given to students with learning disability / special needs. The College will do its utmost to assist these students to fulfil their wishes, providing an environment conducive to their success.

If you have a learning disability or have a special need condition for which you would like support from the College, please complete the form below, together with the admission form and return to our Student Administrator. This information is confidential and will be used to determine your eligibility for services and support. It will also enable us to make reasonable efforts to arrange the services and support you need.

Principal

SPECIAL NEEDS / DISABILITY FORM

(Please Print)

Name: _____

Address: _____

Date of Birth: _____

Telephone: _____

(Please tick the box that applies to you)

- | | |
|---|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Speech Impairment / Language Barrier |
| <input type="checkbox"/> Blind / Partially Blind | <input type="checkbox"/> Chronic Medical Conditions |
| <input type="checkbox"/> Mobility Difficulties | <input type="checkbox"/> Substance Disorder |
| <input type="checkbox"/> Deaf /Hearing Impairment | <input type="checkbox"/> Mental health difficulties |
| <input type="checkbox"/> Hidden impairments e.g. Asthma, diabetes, epilepsy | <input type="checkbox"/> Short-term illnesses which affect studying |
| <input type="checkbox"/> Medical conditions which affect studying e.g. ME | <input type="checkbox"/> Accidents -broken limbs |

Nature of Disability: Indicate how the disability interferes with your ability or limits the time of activity, including current participation in courses, programs, residential life, or activities of the College.

Present Treatment: _____

Plan: _____

This information is strictly essential. Any information you provide will be kept confidential and will only be used in accordance with the Data Protection Act.

Signature _____ **Date** _____