



Access Centre Pre-Assessment Information Form

Please complete the following questions as fully as possible.

About you

| | |
|----------------|-----------------------------------|
| Surname: | First Names: |
| Date of Birth: | Title: Mr./Mrs./Ms./Dr. etc |
| Home address: | Term-time address: (if different) |
| Email: | Telephone/Mobile: |

About your Funding Body

| | |
|---|---------------------------|
| Student Finance England (SFE) NHS Other (give details): | SFE / NHS Student Number: |
|---|---------------------------|

About your University or College

| | |
|--------------------------|---|
| University/College: | |
| Address: | Disability Officer or Contact (if known) name: tel: e-mail: |
| Course Title: | |
| Award: (BA,BSc,PhD. etc) | Full time/Part time |
| Current year of study | Course Length |

Main consequences of disability or medical condition:

| |
|---|
| What is your disability or medical condition? |
| Please briefly describe the main consequences of your disability on your learning or study support needs. |
| Is there any other information that you would like to give: |
| Do you have a computer? Please give make, model and approximate age: |

Previous experience of educational support:

| Were any special examination arrangements made? | YES | NO |
|---|-----|----|
| If special examination arrangements were made was extra time available If "yes", how much? | | |
| Any other special arrangements? | | |

When you have completed this form, you should send it without delay to:

| | |
|---|--|
| Donna Caley Student Support University of Essex Wivenhoe Park Colchester Essex CO4 3SQ | T 01206 872365 F 01206 872367 E disab@essex.ac.uk |
| Signature of Applicant | Date |