

Disability disclosure form

If you do not have a disability or you have already disclosed your disability as part of your application, there is no need to complete and return the form.

Your contact details

Name	
Home address	
Email address	
College	
Date of birth	

Disability disclosure

The University uses the following HESA student record disability codes.

Code	Description	Tick one
53	You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	
58	You are blind or have a serious visual impairment uncorrected by glasses	
57	You are deaf or have a serious hearing impairment	
54	You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	
55	You have a mental health condition, such as depression, schizophrenia or anxiety disorder	
51	You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	
56	You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	
96	You have a disability, impairment or medical condition that is not listed above	
8	You have two or more impairments and/or disabling medical conditions	

After you return this form to the DRC they will send you a more detailed Student Information Form to complete.

No information contained within this form, or within the student information form, will be released to any other parties without your direct consent.

Please check the appropriate boxes to indicate whether the DRC has your permission to disclosure your disability to your College and/or Faculty/Department.

- Yes, I give permission for my disability to be disclosed to relevant parties at my College.
- No, I do not give permission for my disability to be disclosed to my College and understand that this may limit the level and type of support that can be provided for me.
- Yes, I give permission for my disability to be disclosed to relevant parties at my Faculty/Department.
- No, I do not give permission for my disability to be disclosed to my Faculty/Department and understand that this may limit the level and type of support that can be provided for me.

Signed:

Date:

Please return to:

disability@admin.cam.ac.uk