



## Learning Support

University Centre Colchester is committed to meeting the requirements of our learners and offers services to support learners with additional needs, learning difficulties and health problems. These may include: Physical disability or reduced mobility, hearing or visual impairment, learning difficulties such as dyslexia, dyspraxia, semantic pragmatic disorder, mental health difficulties, ADHD, emotional, social and behavioural difficulties.

Do you consider yourself to have a learning difficulty and/or disability and/or health problem?  Yes  No

If Yes, please tick all that you consider yourself to have. If there is more than one box ticked, please **circle** your primary learning difficulty, disability or health problem.

- |  |   |
|--|---|
| <input type="checkbox"/> Visual impairment (4)                 | <input type="checkbox"/> Asperger's syndrome (15)   |
| <input type="checkbox"/> Hearing impairment (5)                | <input type="checkbox"/> Temporary disability after illness (for example post-viral) or accident (16) |
| <input type="checkbox"/> Disability affecting mobility (6)     | <input type="checkbox"/> Speech, Language and Communication Needs (17)                                |
| <input type="checkbox"/> Profound complex disabilities (7)     | <input type="checkbox"/> Other physical disability * (93)   |
| <input type="checkbox"/> Social and emotional difficulties (8) | <input type="checkbox"/> Other specific learning difficulty * (e.g Dyspraxia) (94)                    |
| <input type="checkbox"/> Mental health difficulty (9)          | <input type="checkbox"/> Other medical condition * (for example Epilepsy, Asthma, Diabetes) (95)      |
| <input type="checkbox"/> Moderate learning difficulty (10)     | <input type="checkbox"/> Other learning difficulty * (96)   |
| <input type="checkbox"/> Severe learning difficulty (11)       | <input type="checkbox"/> Other disability * (97)  |
| <input type="checkbox"/> Dyslexia (12)                         | <input type="checkbox"/> Prefer not to say (98)   |
| <input type="checkbox"/> Dyscalculia (13)                      | <input type="checkbox"/> Not provided (99)  |
| <input type="checkbox"/> Autism spectrum disorder (14)         |   |
- \* Please state details

## Additional Support Information

We aim to support all students in their learning and it is important that we understand what your needs are. Please tick any of the following options that apply directly to yourself. This does not apply to any dependants.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Young Person In Care | <input type="checkbox"/> Carer       |
| <input type="checkbox"/> Care Leaver          | <input type="checkbox"/> Lone Parent |

Are you in receipt of Disabled Students' Allowance (DSA)?

- Yes  
 No

If Yes, please can you provide your Customer Reference Number (CRN)

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This information forms part of your UCC Registration Form and Learning Agreement and will update the information provided upon registration.

I understand the information I provide on this appendix is covered by the Privacy Notice and Student Declaration on my registration form.

Signature

Date