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Medical Self-Assessment Form

You are required to complete this form to advise the University's Accommodation department of any diagnosed medical circumstances which have a severe/long term impact upon your day-to-day activities, mobility or sensory perception. You are required to identify the relevance of any conditions upon your accommodation requirement.

Student Details

Full Name	
Student Identification Number	
Campus of Study	
Course and year	
Current Address	
Mobile Telephone Number	
Email Address	

Medical Self-Assessment

Medical Diagnosis Please identify any current diagnosed medical conditions and give details as to how they are relevant to your residential requirements. . Include details of any medication and ongoing treatment you are receiving. Please give as much detail as possible and you must identify why any condition inhibits you from taking alternative private sector accommodation. **Please note condition must be diagnosed.**
Severity of medical condition – Acute, Chronic, Temporary, progressive
Effect on daily life – please tick

Some ☐	Regular ☐	Significant ☐	Major ☐

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Additional Details

Please indicate any of the following that are applicable

	Applicable	Reasoning - give full details
Will you require a carer while in residence?	YES ☐ NO ☐	
Is there any special equipment that you are required to use on a day to day basis, will you be bringing this with you?	YES ☐ NO ☐	
Is there a requirement for any additional equipment to be provided by the University (subject to assessment)?	YES ☐ NO ☐	
Will you require		
En-suite Bathroom	YES ☐ NO ☐	
Ground floor room	YES ☐ NO ☐	
Wheelchair access	YES ☐ NO ☐	
Lift	YES ☐ NO ☐	
Own refrigerator	YES ☐ NO ☐	
Adaptations	YES ☐ NO ☐	
Other		

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Please note:

- Partially completed forms cannot be processed.
- Forms returned without a completed professional assessment cannot be processed.
- Completion of this form does not guarantee the allocation of halls of residence accommodation and that this will be dependent upon availability and the decision of the panel.
- In some circumstances a site visit will be required to assess suitability.
- You may be required to provide additional evidence to support your application and/or attend a consultation.

Declaration

I confirm that the information given is true and correct.
I understand and consent to the sharing of information relating to my disability / medical condition between the University's Student Accommodation and Disability Services departments and its partners, for the purposes of assessing my housing needs.

Signed _____ Date_____

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Professional Assessment

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT'S MEDICAL PRACTITIONER - GP/ Doctor/ Occupational Therapist

Details

Name	
Relationship to applicant / Job Title	
Business address	
Telephone Number	

Professional medical diagnosis

Details of disability or condition
The effect of the above on applicants day to day housing requirements
Details of medication and/or ongoing treatment

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Please comment on how the applicants condition and/or associated medication is likely to impact upon them with reference to the following

Travel to and from campus	
Ability to use public transport	
Ability to use communal facilities - bathrooms/ kitchens	
Ability to integrate with other students	

Signed	
Dated	

Office Stamp

University of Westminster
Student Accommodation
Second Floor
Cavendish House
101 New Cavendish Street
London W1W 6XH

T: +44 (0)20 7911 5817
E: studentaccommodation@westminster.ac.uk