



**BISHOP
GROSSETESTE
UNIVERSITY**

Accessibility Questionnaire

If you would prefer this form to be sent to you in an alternative format, for example, in large print or by email, please contact Student Advice:
T: 01522 583600

E: studentadvice@bishopg.ac.uk

Personal Details:

Name:

Address:

Postcode:

Telephone:

Date of Birth:

Email address:

Programme Details:

Qualification: FdA ☐ BA (Hons) ☐ PGCE ☐ MA ☐ Other ☐
Please Specify:

Title:

Start Date: (Month/Year)

Interview Date: (if known)

About you:

1. On your application form you have stated that you have access needs - a disability, long term health condition, mental health condition or specific learning difficulty.

Could you tell us more about your needs and how your condition affects you?

Other professionals

2. Do you have, or have you had in the past, any contact or support from any other professionals? It would be helpful for the University to know as you may require continued contact with internal University services and outside agencies while you are at University.

Please tick the appropriate option(s) and tell us more about your answers.

- ☐ Doctor/Consultant
- ☐ Social Worker
- ☐ Counsellor
- ☐ Speech Therapist
- ☐ Hearing Impaired Service

- ☐ Dyslexia/SpLD tutor
- ☐ Learning support tutor
- ☐ Community Psychiatric Nurse
- ☐ Physiotherapist
- ☐ Educational Psychologist
- ☐ Other

Assistance

3. Have you required, or do you think you may require, any support or personal assistance? Please tick the appropriate option(s) and tell us more about what support you may need.

- ☐ Learning support
- ☐ Communication Support Worker
- ☐ Help to get around campus
- ☐ Mobility training on campus
- ☐ Personal care
- ☐ Domestic care

- ☐ Adapted reading material
- ☐ Assistance with social activities
- ☐ Note-Taker
- ☐ Reader
- ☐ Library Assistance
- ☐ Other

Support

4. Do you think you may require any additional support from any of the following while you are studying at the University? Please tick the appropriate option(s) and tell us more about what support you may need.

- ☐ Doctor/Consultant
☐ Social Worker
☐ Counsellor

- ☐ Community Psychiatric Nurse
☐ Other

Interviews

5. If possible, please send us evidence in advance of your interview date, such as medical evidence or Educational Psychologist report. This will help us make any necessary adjustments.

Some of the options refer to written tasks at interview. Please note that **you may not be required to do a written task** (please refer to information from Admissions for further details). Please tick the appropriate option(s) and tell us more about what support you may need.

- ☐ Somewhere to sit down
☐ Help to get around campus
☐ Use of a computer
☐ Scribe
☐ Reader
☐ Extra time

- ☐ Accessible rooms
☐ Large print
☐ I will be lip-reading
☐ Information supplied on disc
☐ Information in Braille
☐ Other

Members of the Student Advice team will be available on Interview Days, alternatively, if you would like to arrange an appointment in advance please contact us: 01522 583600 / studentadvice@bishopg.ac.uk

Accommodation

6. Will you have any specialist requirements for accommodation? We have a number of accessible accommodation facilities which can be allocated if we are aware of any specific needs. Please tick the appropriate option(s) and tell us more about your answers below.

- | | |
|--|--|
| <input type="checkbox"/> Adapted accommodation | <input type="checkbox"/> I use a wheelchair |
| <input type="checkbox"/> Ground floor accommodation | <input type="checkbox"/> I use a minicom/textphone |
| <input type="checkbox"/> Accommodation close to campus | <input type="checkbox"/> I have a guide dog |
| <input type="checkbox"/> Visual / vibrating fire alarm | <input type="checkbox"/> Single room |
| <input type="checkbox"/> I will require a personal evacuation plan | <input type="checkbox"/> Residential warden / pastoral staff |
| <input type="checkbox"/> Other | |

Assistance

7. Have you required, or do you think you may require, any other assistance? Please tick the appropriate option(s) and tell us more about your answers below.

- ☐ Help to familiarise yourself with the campus
- ☐ Assistance with social activities
- ☐ Help with personal care or domestic tasks
- ☐ Library assistance e.g. finding books
- ☐ Other

Registration

8. During your first week at University you will have to register for your course. Will you have any specialist requirements for Registration? Please tick the appropriate option(s) and tell us more about what support you may need.

- | | |
|---|--|
| <input type="checkbox"/> Assistance with forms | <input type="checkbox"/> Somewhere to sit down |
| <input type="checkbox"/> Someone to register on my behalf | <input type="checkbox"/> Registering at a different time |
| | <input type="checkbox"/> Other |

Lectures

9. Have you required, or do you think you may require, any additional arrangements in lectures? Please tick the appropriate option(s) and tell us more about the support you may need.

- | | |
|--|---|
| <input type="checkbox"/> Accessible rooms | <input type="checkbox"/> Copies of notes / OHP's |
| <input type="checkbox"/> Communication support worker | <input type="checkbox"/> Note-taker |
| <input type="checkbox"/> Information supplied electronically | <input type="checkbox"/> I will be lip-reading |
| <input type="checkbox"/> Information in Braille | <input type="checkbox"/> I will need to make digital recordings |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Other |

Computers

10. Have you previously used any specialist computer packages? Please tick the appropriate option(s) and tell us more about the packages you have used:

☐ Screen Reading

☐ Voice recognition software

☐ Scanner

☐ Text enlargement software

☐ Other

Examinations

11. Have you required, or do you think you may require, any additional arrangements for exams? Please tick the appropriate option(s) and tell us more about what adjustments you may need.

☐ Scribe

☐ Computer

☐ Large Print

☐ Paper in Braille

☐ Reader

☐ Extra time

☐ Separate room

☐ Rest Breaks

☐ Other

Travel

12. Have you previously required, or do you think you may require, any additional arrangements for travel?
Please tick the appropriate option(s) and tell us more about what support you may need.

☐ Taxis

☐ Other

Disabled Student's Allowance

13. I have received information about the Disabled Student's Allowance (DSA) from Student Finance England/Wales/Northern Ireland/SAAS:

☐ Yes

☐ No

I am intending to apply for a Disabled Student's Allowance:

☐ Before I come to University

☐ When I get to University

I can supply a copy of medical evidence about my condition, e.g. a letter from doctor /consultant:

☐ Yes

☐ No

Other information

14. Is there anything else you would like us to know?

Declaration

I understand that the information in this questionnaire will be used by Bishop Grosseteste University to take reasonable steps to arrange adjustments and support. Where necessary, the information will be communicated to other members of the University educational and support services, e.g tutors and the library. If I register at the University the information in this questionnaire will be kept on file in Student Advice and I will be registered on the Students Records system as having needs.

Signature:

Date:

Name:

Please return this form to:

Student Advice, Bishop Grosseteste University, Lincoln, LN1 3DY

For further information or assistance, please contact Student Advice on 01522 586300 or by email to studentadvice@bishopg.ac.uk

Bishop Grosseteste University is committed to being an inclusive community which welcomes and hosts a diverse population of students and staff and fosters an ethos of mutual respect, trust and care.