

# Disability Registration Form – DN2

# Support for students with disabilities

There are a range of supports and accommodations available for students with disabilities in the Law School. In order to access these supports and accommodations, students with disabilities are required to submit evidence of disability and attend for a needs assessment with the Student Support Service Advisor. Evidence of disability provided is used to confirm the nature of disability as part of the needs assessment process. This is also a requirement of the funding body (European Social Fund (ESF) - Fund for Students with Disabilities (FSD)) who provide funding for many of the supports and accommodations offered to students with disabilities.

**If you do not register your disability with the Student Support Service when applying for consent to enter into indentures (training contract) and at least six weeks prior to the commencement of Professional Practice Course One it will not be possible for the Law School to provide you with supports.**

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| --- |
| **Name of Student:** |
| **Law School Student Number:** |
| **Date of Birth:** |
| **Phone Number:** |
| **Law School Email:** |
| **Home Address:** |
| Please detail any support you may need in order to attend for your needs assessment (e.g. mobility issues, visual or hearing impairment etc.): |

**Disability**

This relates to any temporary or permanent illness, injury or condition. This does not rule out temporary illness or condition that may occur at any stage during the course of the PPC.

**European Social Fund (ESF)**

The European Social Fund is the European Union’s main financial instrument for investing in people. The specific objectives of the ESF are to help prevent and fight unemployment; to make Europe’s workforce and companies better equipped to face new challenges and to   
prevent people losing touch with the labour market through investment in education, skills   
and employment support.

**Fund for Students with Disabilities (FSD)**

The purpose of the Fund for Students with Disabilities (FSD) is to provide funding to higher and further education institutions to assist them in offering supports and services to eligible students with disabilities so that they can participate on an equal basis with their peers.

**How to Complete this Form**

There are four parts to this form. Parts 1 - 3 must be completed. Part 4 is for completion if you had disability support from a previous school or college.

1. Part One: Evidence of Disability
2. Part Two: Consent to Release Information
3. Part Three: Eligibility for Fund for Students with a Disability (FSD)
4. Part Four: Student Transfer Form (for completion if you had disability support from a previous school or college)

**Deadline**

In order to ensure the needs of all students can be accommodated, the completed Disability Registration Form, DN2, must be received by the Student Support Service at the time of application for consent to enter into indentures (training contract) and must be received at least six weeks prior to the commencement of Professional Practice Couse One.

Students requiring adapted exam arrangements must complete and submit a form for adapted exam arrangements prior to each exam sitting (see Appendix 1). This ensures appropriate adapted arrangements for students particularly where there are changing needs from year to year.

**Further information is available from**

* Professional Practice Course One (PPC I) – Emma Cooper, Student Support Service Advisor (studentadvisor@lawsociety.ie / 01-6724802).

**Completed form should be returned by email to:**

studentadvisor@lawsociety.ie

# Part One: Evidence of Disability

**Students must provide one of the following:**

* An existing report or letter from relevant consultant or specialist (see appendix 1 for appropriate medical professional for your disability type). If you have an existing report, skip to part two of this form (page 7).

**OR**

* A completed Evidence of Disability form from the relevant consultant or specialist (see pages 4 - 6).

**OR**

* A completed Evidence of Disability form from a GP (see pages 4 - 6) verifying that they have a diagnosis on file from the relevant consultant or specialist (a copy of this diagnosis must also be provided).

***Please note:***

***For appropriate medical professional for your disability type, see appendix 1 ‘Guide to providing evidence of your disability for support’***

**GP-only evidence**

Students with a disability, who are not in the care of a consultant or specialist but whose GP or other health professional (e.g. a qualified therapist / counsellor) can verify their disability, should have their treating physician complete the Evidence of Disability form below to verify their disability. In this case the student will be eligible for general supports (e.g. exam accommodations) but may not be eligible for supports that require additional funding (e.g. Assistive Technology).

**Instructions for Completion**

Who should fill out this form?

* A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form (please see appendix 1 for appropriate medical professional for your disability type)

**OR**

* Another health professional who either has a diagnosis on file from a consultant or specialist or can confirm that they are treating you for the disability they describe on the form.

This form must be **stamped and signed** by the health professional completing.

**Note: If you are unsure about the documentation you require, please don’t hesitate to contact us at studentadvisor@lawsociety.ie**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evidence of Disability Form**  **Please complete ALL sections below in TYPE or BLOCK capitals:**   1. **Student Details**  |  | | --- | | Name of Student: | | Date of Birth: | | Home Address: |  1. **Qualified Health Professional/Specialist**  |  |  | | --- | --- | |  | Name, Title of **Qualified Health Professional/Specialist:** | | Phone (including area code): | | Position/Professional Credentials: | | Date of Report: | |

**GP or other health professional (excluding Consultant or Specialist), please tick the relevant box below:**

I have a diagnosis on file for this person from the appropriate consultant/specialist named above:

**N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.**

**OR**

I can confirm that I am treating this person for the disability described on this form

(e.g. depression / acute anxiety):

|  |  |
| --- | --- |
| **3** | **Disability Information (to be completed by qualified health professional)** |
| **Disability type (please tick)**    ADD/ADHD Autism Spectrum Disorder Blind/Visual Impairment  Deaf/Hard of Hearing Dyspraxia Mental Health Condition  Neurological Condition Physical Disability Significant Ongoing Illness  Speech and Language Specific Learning Difficulty Communication Disorder  Other  Please state the specific name of the Disability  Date of Diagnosis / Onset of Disability | |
| **4** | **How does the disability / medical condition impact on the student’s ability to study and participate (e.g. fatigue, concentration, pain, etc.)?** |
|  | |
| **5** | **Please describe measures currently being taken to treat the condition (e.g. medication, therapy etc.)** |
|  | |
| **6** | **What recommendations would you make for Reasonable Accommodations to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?** |
|  | |

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| --- | --- |
| **7** | **Signature of completing health professional / specialist** |
| Signature.  DATE: ­­\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  IMC Number (GP only):   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   **Official Stamp:** This form must be completed and signed by the  appropriate professional. In addition, it should be stamped or  where no stamp available, it should be accompanied by a  business card or headed paper.  . | |



**Part two: Consent to Release Information**

**Disclosure**

The Law School encourages students with disabilities to disclose information on their disability / specific learning difficulty to the Student Support Service. Such disclosure is encouraged so that the Law School can work with the student to identify and facilitate any reasonable accommodations / supports that may be required by that student during their time in the Law School.

An electronic record of your contact with the Student Support Service is held securely in accordance with the Data Protection Act (2018) and information provided to the Student Support Service is regarded as ‘sensitive personal data’. The information may also be used for statistical and monitoring purposes without your identity being revealed. The Student Support Service will ensure that personal data will only be used to facilitate the required levels of Reasonable Accommodations and other supports.

To enable the Student Support Service to coordinate supports on your behalf, it will be necessary for the Student Support Service, with your consent, to disclose relevant information to internal and external departments / bodies responsible for providing or facilitating students in accessing such accommodations and supports.

The Student Support Service will treat this information as sensitive personal data, which will be securely stored and only shared in accordance with the Law School's Data Protection Policy and the European Union's General Data Protection Regulation (GDPR).



**Consent to Release Information**

I have read and understood the above and I request Reasonable Accommodations on account of my disability from the Law School’s Student Support Service.

I understand that I can request a review of these accommodations at any time (with reasonable notice) and it is my responsibility to alert the Student Support Service of any changes to accommodations required.

I consent to the Student Support Service adding information relating to the nature of my disability and Reasonable Accommodations to my student record.

I understand that my disability related documentation will be retained securely as electronic files for the duration required by the Higher Education Authority (HEA) after which it will be destroyed

I consent to the Student Support Service passing on the following information to the departments outlined below for the purpose of providing me with Reasonable Accommodations: Please tick.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Department** | **Type of Disclosure** |
|  |  | Funding Body (Higher Education Authority-  Fund for Students with a Disability) | Name, student number, evidence of disability,  details of supports received, registration status,  course outcome and other personal information  as outlined below. |
|  |  | Relevant Law School Staff including  Course Managers, Course Assistants and  Support Staff (as required) | Name, student number and details of exam and  teaching & learning accommodations. |
|  |  | Law School Exams Department | Name, student number and exam  accommodations. |
|  |  | Law Society Facilities / Health & Safety Officer | Name, student number and Personal Emergency  Evacuation Plan (PEEP where necessary). |

**Non-disclosure of information**: Please note that if you have ticked **‘No’** in any of the boxes in the table above, you may not be able to receive those Reasonable Accommodations that require disclosure of information.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Eligibility for Fund for Students with a Disability (FSD)**

Student Name: (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Law School Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Fund for Students with Disabilities (FSD) provides funding to institutions to provide supports and services to ensure that eligible learners with disabilities can participate on an equal basis with their non-disabled peers. Please note that students cannot make individual applications to this fund and the money is not provided directly to students.

**Please answer the following questions. This information will be used solely for the purpose of assessing your eligibility for funding (see appendix 2) and to provide data requested by the ESF. Circle the appropriate answer**

**Residency**

Have you been legally resident in Ireland for at least 3 of the last 5 years? **Yes / No**

**Proof of residency required – see appendix 3 for examples of acceptable documentation.**

**Nationality**

Are you either: an Irish national or a national of another EU Member State, the European Economic Area (EEA) or Switzerland? **Proof of nationality is required.**  **Yes / No**

**Declaration**

On signing the declaration below you are acknowledging the following:

* Your personal data collected as part of this application process may be processed for the purposes of coordinating, monitoring and evaluating the operation of the Fund within the Law School.
* Statistical data may be shared with third parties for monitoring and reporting on European Social Fund co-financed activities.
* All of the information provided is true, complete and accurate and that assistance from other sources has not been received for the stated purpose / service which is the subject of this application.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Needs Assessor**

**Has the student provided evidence of disability documentation that meets the criteria for the Fund as outlined in the Law School’s Evidence of Disability Form? Yes / No**

**Is the student eligible for the FSD? Yes / No**

**Staff Signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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# Part 4: Student Transfer Form

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| **Student Transfer Form** (for use when a student who is receiving supports provided by either the Department of Education or the European Social Fund is moving from 2nd to 3rd level or between 3rd level institutions.  **NB Student must complete section 1 of this form and send it to the Disability Service in the College that you are leaving. By sending this form you are consenting to your previous College forwarding information specified below.** | | |
| **Section 1 – Student to complete: Details of student and institutions involved in transfer** | | |
| Name of Student |  | |
| Student Number |  | |
| Name of School or College before transfer. |  | |
| Name of School or College being transferred to. |  | |
| Contact person in above institution |  | |
| **Section 2 – Details of accommodations/support received** | | |
| **Was the student funded by ESF or other body?** (Please indicate) |  | |
|  | **Yes** | **No** |
| **Section 3 – Other information relating to supports received** | | |
| **Needs Assessment Summary Report attached?** | **Yes** | **No** |
| **Evidence of disability report attached?** | **Yes** | **No** |
|  |  |  |
| **Other information relevant to transfer** | | |
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# Appendix 1: Guide to providing evidence of your disability for support

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| **Type of Disability** | **Type of Documentation** | **Appropriate Professional** |
| Attention Deficit  Disorder (ADD) /  Attention Deficit  Hyperactivity Disorder  (ADHD) | Evidence of Disability  Form  OR  Existing report | Consultant Psychiatrist  OR  Psychologist  OR  Neurologist  OR  Paediatrician |
| Autistic Spectrum  Disorder (including  Asperger’s Syndrome) | Evidence of Disability  Form  OR  Existing report | Consultant Psychiatrist  OR  Psychologist  OR  Neurologist  OR  Paediatrician |
| Blind / Visual Impairment | Evidence of Disability  Form  OR  Existing report  N.B. Evidence from high  street retailers not acceptable. | Ophthalmologist  OR  Ophthalmic Surgeon  OR  Letter from the National Council for the Blind confirming registration with the council.  OR  If a student has attended a school for the Blind, a letter on headed notepaper signed by the principal which confirms attendance at the school.  In the case of an Ophthalmologist / Ophthalmic Surgeon the evidence of disability should provide a diagnosis of severe reduction in vision that cannot be corrected with standard glasses or contact lenses, thereby reducing the person's ability to function at certain or all tasks. The diagnosis of a reduction in vision must be in relation to Best Corrected Visual Acuity or Field of Vision. |
| Deaf / Hard of Hearing | Evidence of Disability  Form  OR  Existing report  N.B. Evidence from high  street retailers not acceptable. | An audiogram from a professionally qualified Audiologist and/or ENT Consultant, with signature, clearly indicating moderate to profound bilateral hearing loss (i.e. above 40dB).  OR  If a student has attended a school for the Deaf, a letter on headed notepaper signed by the principal which confirms attendance at the school. |
| Developmental Co-  ordination Disorder  (DCD) /  Dyspraxia /  Dysgraphia | Full psycho-  educational  assessment  AND  Evidence of Disability  Form  OR  Existing report | Psychologist  AND  Occupational Therapist  OR  Neurologist  OR  Chartered Physiotherapist |
| Mental Health  Condition | Evidence of Disability  Form completed **no more than 5 years** before point of Needs Assessment.  OR  Existing report which must be **no older than 5 years** at point of Needs Assessment. | Consultant PsychiatristORSpecialist Registrar |
| Neurological Condition  (incl. Epilepsy and  Brain Injury) | Evidence of Disability  Form  OR  Existing report | Neurologist  OR  Other relevant Consultant |
| Physical disability | Evidence of Disability  Form  OR  Existing report | Orthopaedic Consultant  OR  Other relevant consultant  appropriate to the disability /  condition |

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| --- | --- | --- |
| Significant ongoing illness | Evidence of Disability  Form **no more than 5 years** before point of Needs Assessment.  OR  Existing report which must be **no older than 5 years** at point of Needs Assessment. | **Diabetes Type 1:**  Endocrinologist  OR  Paediatrician  **Cystic Fibrosis (CF):**  Consultant Respiratory  Physician  OR  Paediatrician  **Gastroenterology Conditions:**  Gastroenterologist  **Other Conditions:**  Relevant Consultant/  Specialist in area of condition |
| Speech and Language  Communication  Disorder | Evidence of Disability  Form  OR  Existing report | Speech and Language  Therapist |
| Specific Learning  Difficulty (incl.  Dyslexia &  Dyscalculia) | A full Psychological Assessment Report which contains relevant attainment scores.  The report should be **no older than five years** from the date of needs assessment. If the tests referred to in the report have clearly been conducted using Adult Scales, then the five year time limit will not apply. | Psychologist OR An assessor who is accredited by PATOSS. |

# Appendix 2 - Residency, Nationality and Immigration Criteria

**Nationality**

To qualify the student must be either:

* an Irish national
* a national of another EU member state, the European Economic Area (EEA) or Switzerland

In relation to the withdrawal of the United Kingdom from the European Union, for the 2020/21 academic year United Kingdom nationals studying in Ireland may continue to be supported under the FSD provided they meet the other criteria of the FSD e.g. eligibility criteria for support, approved course and HEI.

Students who are non-EU nationals, but who are eligible for free or reduced fees in line with the criteria for the [Free Fees Initiative](https://hea.ie/funding-governance-performance/funding/student-finance/course-fees/https:/hea.ie/funding-governance-performance/funding/student-finance/course-fees/), may be considered for eligible for funding under the FSD subject to meeting other relevant FSD criteria.

**Proof of nationality must be provided – examples of acceptable documentation may include for example a copy of the student’s passport or driver’s license.**

**Residency**

To be eligible for support under the FSD, a student must be legally resident in Ireland for at least three of the five years up to the day before their approved course commences in an approved HEI. If the student does not qualify at the beginning of their course, it is possible for them to meet this requirement during their studies. This should be reviewed at the beginning of an academic year.

**Appendix 3 - Documentary Evidence of Residency**

How do I prove residency for 3 of the last 5 years in Ireland, the EU / UK / EEA or Switzerland?

**Examples of acceptable documentation may include -**

• Evidence that you sat the Junior Certificate and Leaving Certificate exams in Ireland, or equivalent school exams in the EU, UK, EEA or Switzerland if it was in the past five years;

• A letter from a school principal in Ireland, the EU, UK, EEA or Switzerland confirming your attendance at a school if it was in the past five years;

• Social Welfare Statements or equivalents from the EU, UK, EEA, or Switzerland;

• Utility bills (i.e. from electricity / phone / gas / cable television / broadband provider). Printed online bills are acceptable. Mobile phone bills are not acceptable;

• Registration with the Residential Tenancies Board or equivalent from the EU, UK, EEA or Switzerland;

• P60s / P45s / P21s; or equivalent

• Statements or other correspondence from bank / building society / credit union including eStatements with activity in the country outlined in your application (Statements from store cards / catalogue companies are not acceptable);

Other official correspondence from an Irish state agency e.g. government departments; HSE; Register of Electors / polling card; CAO; An Garda Síochána; Public / Private hospitals, Residential Tenancies Board (RTB) or third level college, Secondary school / training agency, NCT Reports or reminders, An Post, TV Licence, National Government Health Screening Programme(s) and/or;

Correspondence from an insurance company regarding an active policy (Home or Car Insurance Policy Only).

Please note that evidence of your residence in Ireland can only be accepted in respect of periods of lawful presence in the State and the documents that you provide should be in respect of such periods. Periods of unlawful presence cannot be considered.

You do not have to submit documents for 36 individual months.  The 3 years do not have to be consecutive, as residency can be proven in 2 or more separate periods.