

## Evidence of a Disability Form 2016-17

Evidence of a learning difference, health condition or disability is required to support the provision of any reasonable accommodations in Cork Institute of Technology. Students who do not have appropriate evidence of their disability (as listed below) should forward this 'Evidence of Disability Form' to their Medical Consultant / Specialist to be completed.



Evidence provided by a General Practitioner (GP) will only be accepted as suitable medical evidence under the following conditions:

- Your GP must have the required information on a clear diagnosis of your disability from one of the appropriate specialists/consultants listed below.
- Your GP must provide full details of the specialist/consultant and all other requested information under section 2 of this form.
- Your GP cannot supply information where a full psycho-educational assessment is the requirement (i.e. if you have a specific learning difficulty or DCD – Dyspraxia/Dysgraphia).

It is not acceptable for GPs to enter their own diagnosis of an applicant's condition. Where your GP has completed the Evidence of Disability Form, you may be asked to provide original documentation from the appropriate professional at a later date.

If you are asking your GP to complete the form, you should print out the Evidence of Disability Form 2016 and Guidelines for GPs for Completing Section Evidence of Disability for your GP. See <http://accesscollege.ie/dare/wp-content/uploads/sites/3/2014/11/Guidelines-for-GPs-for-Completing-Section-C-Evidence-of-Disability.pdf> for further information or use text in Appendix 1.

## Evidence of a learning difference, health condition or disability

- Students with a specific learning difference (e.g. dyslexia) should provide a copy of their most recent report from an Educational Psychologist, clearly stating that you have a Specific Learning Difficulty.
- A medical letter from your Consultant or the Cork Institute of Technology Evidence of Disability Form 2016 will be sufficient for most other types of health conditions or disabilities.

For more information for each category please see the table below.

EU, Visiting or International students may register with the CIT Disability Support Service for supports, see general admission and support information at <http://www.cit.ie/international> EU, Visiting or International students do not qualify for supports through the Fund for Students with Disabilities, and are advised to consult [www.studentfinance.ie](http://www.studentfinance.ie)

Please check the CIT DSS webpages for information about supports and how to register for them: [www.mycit.ie/dss](http://www.mycit.ie/dss)



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European Union  
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## Guide to providing evidence of your learning difference, health condition, or disability

Type of disability	Type of documentation	Appropriate Professional
<b>Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).</b>	Evidence of Disability Form 2016 OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician
<b>Autistic Spectrum Disorder (including Asperger's Syndrome).</b>	Evidence of Disability Form 2016 OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician
<b>Blind/Vision Impaired</b>	Evidence of Disability Form 2016 OR Existing report.	Ophthalmologist OR Ophthalmic Surgeon.
<b>Deaf/Hard of Hearing:</b> Students may apply under one of the following categories: (A) Applicants who have an Audiogram (B) Applicants who attend a School for the Deaf (C) Applicants with a Cochlear Implant	Evidence of Disability Form 2016 OR Existing report (evidence from high street retailers not acceptable)	(A) Applicants who have an audiogram: Diagnostic/ Clinical Audiologist registered with the Irish Academy of Audiologists (IAA) or HSE Audiologist  (B) Applicants who attend a School for the Deaf: Principal of School for the Deaf  (C) Applicants with a Cochlear Implant: Ear, Nose and Throat (ENT) Consultant OR Cochlear Implant Programme Co-ordinator
<b>Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.</b>	Full psycho-educational assessment AND Evidence of Disability Form 2016 OR Existing report	Psychologist <b>AND</b> Occupational Therapist OR Neurologist OR Chartered Physiotherapist
<b>Mental Health Condition</b>	Evidence of Disability Form 2016 OR Existing report	Consultant psychiatrist on specialist register
<b>Neurological Condition</b> (incl. Epilepsy and Brain Injury).	Evidence of Disability Form 2016 OR Existing report	Neurologist OR Other relevant Consultant

<b>Type of disability</b>	<b>Type of documentation</b>	<b>Appropriate Professional</b>
<b>Physical disability</b>	Evidence of Disability Form 2016 OR Existing report	Orthopaedic Consultant OR Other relevant consultant appropriate to the disability/condition
<b>Significant ongoing illness</b>	Evidence of Disability Form 2016 OR Existing report	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
<b>Speech and Language Communication Disorder</b>	Evidence of Disability Form 2016 OR Existing report	Speech and Language Therapist
<b>Specific Learning Difficulty</b> (incl. Dyslexia & Dyscalculia)	Full educational psychology assessment	Psychologist

## Evidence of Disability Form Instructions for Completion:

- A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form (please refer to Instructions for Completion of Application Form).
- This form must be stamped.
- All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g. Dyslexia), who must provide a recent Educational Psychologist's report.

Please complete ALL sections below in TYPE or BLOCK capitals:

### 1 Student Details

Name of student:

Date of Birth:

Phone Number:

CIT Student Number:

### 2 Qualified Health Professional/Specialist

Name, Title of Consultant/Specialist:

Phone (including area code):

Position/Professional Credentials:

Date of Report:

**If form is completed by a GP, GP must tick the following box:**

I have sufficient information on file from the appropriate consultant/specialist named above, diagnosing the applicant with one or more of the conditions indicated below:

☐

**If the information is on file, the GP should then complete sections 3-7 as appropriate.**

### 3 Disability Information (to be completed by qualified health professional)

**Disability type (please tick)**

ADHD

☐

Autism Spectrum Disorder

☐

Blind/visual impairment

☐

Deaf/Hard of Hearing

☐

Dyspraxia

☐

Mental Health Condition

☐

Neurological Condition

☐

Physical Disability

☐

Speech and Language  
Communication Disorder

☐

Significant ongoing illness

☐

Specific Learning Difficulty

☐

Please state the specific name of the Disability

Date of Diagnosis/Onset of Disability


<b>4</b>	<b>Please Briefly Describe the Course of the Condition i.e. will remain static, may have periods of relapse/remission, may deteriorate.</b>
<p>Duration:   Ongoing/Permanent   <input type="checkbox"/>     Temporary   <input type="checkbox"/>     Fluctuating   <input type="checkbox"/></p>	
<b>5</b>	<b>How does the disability/medical condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.)?</b>
<b>6</b>	<b>Please describe measures currently being taken to treat the disability (e.g. medication, therapy).</b>
<b>7</b>	<b>What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?</b>
<b>8</b>	<b>Where a Consultant has completed this form, Consultant must complete the details below:</b>
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>Consultant's Signature. <span style="border: 1px solid black; display: inline-block; width: 300px; height: 40px; vertical-align: middle;"></span></p> <p>Name of Consultant: _____</p> <p><b>Official Stamp:</b> This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.</p> <p><b>Official Stamp:</b> If a stamp is not available, this form should be accompanied by a business card or headed paper.</p> </div> <div style="width: 35%; text-align: right;"> <p>DATE: ____/____/____</p> <div style="border: 1px solid black; width: 300px; height: 150px; margin-top: 20px;"></div> </div> </div>	

**9 Where a GP has completed this form, GP must complete the details below:**

GP's Signature.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IMC Number:

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Name of GP: \_\_\_\_\_

**Official Stamp:** This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.

**Official Stamp:** If a stamp is not available, this form should be accompanied by a business card or headed paper.

## **Appendix 1: Guidelines for General Practitioners (GPs) for Completing Evidence of Disability**

If a student does not have an existing report and has difficulty accessing the appropriate professional to evidence their disability/condition you, their GP, may be in position to complete the Evidence of Disability form. However, the following applies:

- You must have the required information on a clear diagnosis of the student's disability or condition from one of the appropriate specialists/consultants listed on file.
- You cannot supply information where a full psycho-educational assessment is the requirement. Where you have completed the Evidence of Disability form, you may be asked by the student to provide original documentation received from the appropriate professional at a later date.

### **Steps for completion:**

- 1)** Review the table of Disabilities & Conditions on the Evidence of Disability Form
- 2)** Check to see if you have information on file from the appropriate professional for that condition
- 3)** If a time limit applies (i.e. the report must be less than three years old, i.e. dated after 1 February 2013) you must have received information on a diagnosis within that time frame  
OR  
if the original diagnosis was made prior to this date, the student was still being seen by this professional after the date and you have correspondence on file to confirm this.
- 4)** Complete Sections 1 to 7 as appropriate.
- 5)** You **MUST** fully complete Section 2 and including the name of the Consultant/Specialist as appropriate. You must include the date of the most recent report from the Consultant/Specialist as appropriate  
AND  
Include the date of the original diagnosis. If the date of original diagnosis was a number of years ago, the year of diagnosis is sufficient. Tick the box to declare you have sufficient information on file to complete the form.
- 6)** When the form is complete you **MUST** sign, stamp and enter your IMC number. If you do not have a stamp, headed paper or a business card are sufficient. If you do not have the appropriate information on file to complete the form you should refer the student on to the appropriate professional for their disability or condition listed on pages 2 & 3 of the form. It is not acceptable for GPs to enter their own diagnosis of a student's condition.