



- A. No, the condition does not necessitate specific facilities within a bathroom []
- B. Visual fire alarm []
- C. Level access shower with grab rails []
- D. Wet room style shower - wheelchair accessible with shower chair and grab rails by shower, door and toilet []
- E. Pull cord alarm linked to on campus security []

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- A. No, the condition does not necessitate any other essential facilities []
- B. Separate bedroom for a live in carer (not funded by the University) []
- C. Height adjustable kitchen work surface []
- D. Permission to bring a mini fridge for storage of temperature sensitive medication []
- E. Permission to bring assistance dog []
- F. Braille labelling on kitchen appliances []
- G. Permission to bring ergonomic furniture provided by Disabled Student's Allowance assessment (e.g specialist chair, height adjustable desk) []
- H. Other - please give details []

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Name:

Job title:

Date of completing form:

Certificate or registration number (GMC, HPC, NMC):

Type of practice or organisation (GP Practice, Primary/Secondary care team, Hospital, other)

Name of practice or organisation

Address, Postcode, telephone number

Practice or organisation's stamp

Practitioner signature