This form is to be submitted to the Disability Team at the University of Warwick as formal evidence of a disability, in line with the Equality Act (2010) and for the purpose of reasonable adjustments. Forms can be submitted to the Disability Team via the Wellbeing Portal <https://wellbeing.warwick.ac.uk/>

**Part A – To be completed by the student**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name:  |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Warwick ID: |  |

**Part B – To be completed by medical or health care professional**

**Diagnosis / working diagnosis:**

|  |
| --- |
|  |

**Has this condition lasted for more than 12 months or is likely to?**

|  |
| --- |
|  |

**Impact on studies and day to day life**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Attendance  |  | Presentations & group work  |  | Anxiety  |  |
| Processing speed  |  | Support in lectures  |  | Concentration  |  |
| Organisation skills & meeting deadlines  |  | Reading and research |  | Fatigue  |  |
| Social Communication |  | Exams  |  | Motivation  |  |
| Pain Management  |  | Mobility  |  | Memory and recall  |  |

|  |  |
| --- | --- |
| Any additional requirements, including accommodation adjustments and where relevant, medication side effects: |  |

**Type of practice or Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| GP Practice  |  | Primary Care Mental Health Team  |  |
| Secondary Care Mental Health Team |  | Hospital  |  |

|  |  |
| --- | --- |
| Other (please specify): |  |

**Medical or Health Care Professional Details**

|  |  |
| --- | --- |
| Job Title:  |  |

|  |  |
| --- | --- |
| Professional involvement with student (if not apparent from your job title) |  |

|  |  |
| --- | --- |
| Name:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |  | Date: |  |

Practice or

Organisation Stamp: