



## Supplementary Application Form for Students with Disabilities, Physical and Mental Health Conditions, and/or Specific Learning Difficulties

**This application form must be completed in full and submitted with all documentation requested in order to apply for any supports or services on the basis of a disability, significant health condition and/or a specific learning difficulty.** Please contact the Disability Advisors or the Principal, if you wish to discuss any issues related to this application.

If you are returning to BFEI for another year, you must fill out this form again but are only required to complete sections 1, 2, 6, 7, and 8, and provide the name of the course that you have been accepted on. You do not have to supply the supporting documentation again.

### 1. PLEASE FILL IN THE FOLLOWING DETAILS IN BLOCK CAPITALS:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Course in BFEI: \_\_\_\_\_

Email Address (please provide a current email address which you regularly check):  
\_\_\_\_\_

### 2. Please indicate your primary disability, health condition or specific learning difficulty:

- |   |   |
|---|---|
| <input type="checkbox"/> Blind/Visual Impairment            | <input type="checkbox"/> Deaf/Hard of Hearing         |
| <input type="checkbox"/> Mental Health Difficulties         | <input type="checkbox"/> Physical Disability/Mobility |
| <input type="checkbox"/> ADD/ADHD                           | <input type="checkbox"/> Autistic Spectrum Disorder   |
| <input type="checkbox"/> Specific Learning Difficulty _____ | <input type="checkbox"/> Significant On-going Illness |
| <input type="checkbox"/> Other _____ (Please state)         |   |

### 3. Do you have any other disability, health condition or specific learning difficulty?

Yes  No  If yes, please state \_\_\_\_\_

**You must provide verification of all disabilities.** It is essential that you gather this documentation well in advance. You may not be able to commence your course if supports are not in place. Details of the documentation you will need to submit are outlined in the 'BFEI Information for Students with Disabilities, Physical & Mental Health Conditions and/or Specific Learning Difficulties' which is on the BFEI website <http://www.bfei.ie/about-bfei/support-services/disability-services/>

You must provide one copy of all the documentation (please do not give us your original documents). All information will be treated with sensitivity and in as confidential a manner as possible.

**4. You will need a letter from your school or previous college which should include all of the following details:**

- The number of years you attended the school or college
- Details of your disability and how much it has impacted on your learning
- Details of the supports/services you received in school or college
- Details of any exam considerations you received in state exams

This letter can be written by the Principal, the Guidance Counsellor, the Learning Support Teacher or Visiting Teacher and must be signed by him/her and stamped by the school/college.

**5. Please give details of the supports you received at 2<sup>nd</sup> level school/other colleges.**

General Supports: \_\_\_\_\_

Exam Supports: \_\_\_\_\_

\_\_\_\_\_

**6. Please give details of the supports you require in BFEI. The level of supports and services provided by BFEI will depend on the funding allocated by the HEA.**

General Supports: \_\_\_\_\_

Exam Supports: \_\_\_\_\_

\_\_\_\_\_

**7. If BFEI applies for supports and services on my behalf, I understand that a limited amount of my personal information will be kept on a database which can be accessed by the Higher Education Authority.**

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

**8. Please sign to give permission for any relevant information on your disability/specific learning difficulty and your learning needs to be kept on a database which can only be accessed by your teachers.**

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

Please forward this form and all supporting documentation to:  
**The Disability Advisor, Blackrock Further Education Institute,  
Main St., Blackrock, Co Dublin**

On receipt of this information, you will be contacted **by email** with an appointment to meet the Disability Advisor for a needs assessment.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_