

Learning Differences, Health or Disability (LDHD) Declaration Form

We recognise that many students need support to achieve their best results.

Please let us know if you have a learning difference, health condition (including mental health), or disability that may affect your ability to study. We will work with you to assess your needs and confirm how we can support your success. Completing this form is not mandatory, but we encourage you to do so.

First Name	
Family Name	
Date of Birth	
Student ID	

Please answer the questions below. You should answer yes, even if you do not have a current diagnosis. Your answers will only be shared with our student wellbeing and safeguarding team.

	If YES , please tick below	If NO , please tick below	If you have ticked YES , please explain how it affects you now or in the past. Please include dates.
Do you have a medical condition e.g. epilepsy, diabetes?			
Do you have any allergies e.g. to nuts, or any medication?			
Do you take any medication from a doctor or hospital? *			If yes, please provide the name and dosage of the medication here:
Do you experience anxiety, depression, or another mental health condition?			

Did you receive support in class or exams at school or college?			If yes, please describe the support you received here:
Do you have any kind of learning difference, e.g. dyslexia, attention deficit and hyperactivity disorder?			
Do you have any communication challenges, e.g. autism?			
Do you have a condition that affects your mobility, e.g. you use a wheelchair or needing help on stairs?			
Please use the space below to share any other information you think we should know.			

* IMPORTANT! If you take medication, please ensure you have access to enough medication for the duration of your studies and/or plans in place during term breaks to access further medication if needed, before arriving in the UK. Whilst the NHS can prescribe some medications, it is not guaranteed that it will be readily available without a UK diagnosis or prescription.

Please read this statement, tick the box, and then sign below.

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I give consent for the data in this form to be processed by Study Group** to assess my specific requirements during my period of study and offer assistance to me where necessary.

This consent may be revoked at any time by sending an email to GDPR@studygroup.com. I acknowledge that Study Group** processing of my data is further explained in the Privacy Notice for Students, which can be accessed on the [website](#).

** Study Group includes Study Group UK Limited and its subsidiaries.

Date:	
Signature:	