**Registration Form for Practical Support Workers 2021/22**

**1. Personal Information:**

|  |  |
| --- | --- |
| **Title:** **Mr / Mrs / Miss / Ms / Dr**  **Name:** | **Date of Birth:** |

**2. Contact Information:**

|  |  |
| --- | --- |
| **Term time address:** | |
| **University email:**  **Personal email:** | **Phone / Mobile:** |

**3. University and Course Details:**

|  |
| --- |
| **University/College:** |
| **University/College Campus attend:** |
| **Course Title:** |

|  |  |
| --- | --- |
| **Current year of course:** | **Total number of years of course:** |
| **Full time / Part time** (delete as appropriate) | **Course Type:** (delete as appropriate) Further Education / Undergraduate / Masters/ PhD / Other please state: |
| **Course Start Date (year 1):**  **Day/Month/Year format** | **Course End Date (final year):**  **Day/Month/Year format** |

**4. Disability –** Please state your disability below:

|  |
| --- |
|  |

*Please note the above is optional, leave blank if you prefer not to say.*

**5. Type of Support –** please indicate the types of support you require and as agreed in your funding confirmation letter.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Note taker\*** |  | **Practical Assistant\*** |  | **Sighted Guide\*** |  | **Study Assistant\*** |  |
| **Exam Scribe** |  | **Library Assistant** |  | **Proofreader** |  | **Scribe** |  |
| **Other** (please specify) | |  | | | | | |

**6. Availability –** If you require a notetaker, sighted guide, practical assistant and/or study assistant, please send us your current timetable (including lecture name, start & finish times and room locations).

For all other types of support please indicate below all times you are available for your support in the table below, in order for us to match you with a support worker:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

**7. Term dates –** if you know your term dates, please enter them below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Start of Term** | **Last Day of Term** | **Half Term Dates** | **Revision / Examination Dates** |
| **Autumn Term** |  |  |  |  |
| **Spring Term** |  |  |  |  |
| **Summer Term** |  |  |  |  |

**8. Funding –** Please include your funding details below and confirmation of your funding from your funding body:

|  |  |
| --- | --- |
| **Funding Body (i.e. SFE, NHS, ESRC):** | **Hours allocated:**  Per Year / Per Course (delete as appropriate) |
| **Customer Reference Number:** |  |

**9. Consent to Share –** Please mark the boxes below to give consent to Equality Focus. This will allow us to make sure you get the help you need by exchanging information with the necessary organisations.

I agree consent for Equality Focus Ltd to liaise where necessary with the following companies:

|  |  |
| --- | --- |
|  | I agree that Equality Focus and my University/College may exchange information about my support and DSA where this is necessary to make sure I get the help I need |
|  | I agree that Equality Focus and my Needs Assessor may exchange information about my support and DSA where this is necessary to make sure I get the help I need |
|  | I agree that Equality Focus and my Funding Body may exchange information about my support and DSA where this is necessary to make sure I get the help I need |

If you would prefer us to not contact any of these organisations, please advise below:

|  |  |
| --- | --- |
|  | I DO NOT agree that Equality Focus can exchange information about my support with any organisations listed above |

*You have the right to withdraw your consent to us processing your personal information. To withdraw your consent, please contact us. Equality Focus will only ever share your details with organisations that are associated with your studies and support, no other external organisations will be given your details.*

Information on this registration form will be used to match you with a practical support worker. Data will be stored on our student database and the form will also be passed to your practical support worker. Following the matching process, you will be asked to review a copy of the Client Terms of Agreement and the Failure to Cancel Policy which will be deemed to have been accepted by you unless otherwise stated.

\* For notetaker, sighted guide, practical assistant and/or study assistant support we require your timetable, please send this along with your completed registration form to [info@equalityfocus.co.uk](mailto:info@equalityfocus.co.uk)