**Registration Form for Practical Support Workers 2023/24**

**1. Personal Information**

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

**2. Contact Information:**

|  |
| --- |
| **Term time address:**  |
| **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. Availability –** Please indicate below your times you will need a support worker, if you require a notetaker please either attach your current timetable or complete the details in the table below (including lecture name, start & finish times and room locations).

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Note taker** |  | **Research Assistant** |  | **Library Assistant** |  | **Scribe** |  |
| **Other (please specify)** |  |

**7. Term dates.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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:**  |  |

**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.**