

|                                |
|--------------------------------|
| Student Name (BLOCK CAPITALS): |
| Student Number:                |

## Purpose of this Form:

This form consists of two sections. Please read each section carefully and complete and sign the form as required.

- Section One – Data Required by Funding Body (Fund for Students with Disabilities).
- Section Two – Consent to Release Information Form.

By signing this form, you are consenting for your documents to be held by UCD Access and Lifelong Learning (UCD ALL) in accordance with the [UCD ALL Disability Support Privacy Statement](#) which provides full details of the legal basis and methods utilized to collect, store and process this data and your individual rights under General Data Protection Regulation (GDPR).

## Section One – Data Required by Funding Body (Fund for Students with Disabilities)

The information provided in this form will be used solely for the purpose of assessing your eligibility for the Fund for Students with Disabilities (FSD). The FSD provides funding to institutions to provide supports and services to ensure that eligible learners with disabilities can participate on an equal basis with their peers.

Please note that students cannot make individual applications to this fund and the money is not provided directly to students. UCD ALL can still provide students who are ineligible for this fund with general supports (e.g. exam accommodations, advice regarding assistive technology and advice from a Disability Officer).

The Higher Education Authority (HEA) is the governing body of the FSD within Ireland. UCD ALL are required to provide the HEA with data for the purposes of applying for the FSD, which will be outlined in Section Two.

On signing the declaration in this form, you are acknowledging your personal data collected as part of this application process may be processed for the purposes of coordinating, monitoring and evaluating the operation of the FSD.

| Please tick the appropriate answer to the following questions.   | Yes | No |
|--|-----|----|
| <p><b>Programme</b><br/>Is your current programme of study full time?</p>  |     |    |
| <p><b>Residency</b><br/>Have you been legally resident in Ireland for at least 3 of the last 5 years?</p>  |     |    |
| <p><b>Nationality</b><br/>Are you one of the following:</p> <ul style="list-style-type: none"> <li>• An Irish national OR</li> <li>• A national of another EU Member State, the European Economic Area (EEA), UK or Switzerland</li> </ul>   |     |    |
| <p><b>Immigration Status – (Skip if you ticked ‘Yes’ to the above Nationality question)</b><br/>If you ticked ‘No’ to the above question, have you been declared any of the following:</p> <ul style="list-style-type: none"> <li>• A refugee under the Refugees Act 1996; OR</li> <li>• Admitted to Ireland as a Programme Refugee; OR</li> <li>• Permission to remain in Ireland as a family member of a refugee under section 18 of the Refugee Act 1996; OR</li> <li>• Been granted subsidiary protection under the European Communities (Eligibility for Protection) Regulations 2006; OR</li> <li>• Permission in writing to enter and reside in Ireland under Regulation 16 of the European Communities (Eligibility for Protection) Regulations 2006; OR</li> <li>• Permission to remain in the State as a family member of a European Union, EEA or Swiss citizen under the European Communities (Free Movement of Persons) Regulations 2006 and 2008 and EU Directive (EU Treaty Rights provisions); OR</li> <li>• Permission to remain because of marriage or civil partnership with an Irish national or because you are the dependent child of such person; OR</li> <li>• Humanitarian leave to remain granted before the Immigration Act 1999 came into effect; OR</li> <li>• Permission to remain in Ireland following a decision not to deport you under section 3 of the Immigration Act 1999.</li> </ul> |     |    |

## Section Two - Consent to Release Information

I request reasonable accommodations on the basis of my disability from UCD Access and Lifelong Learning (UCD ALL). I consent to UCD ALL adding information relating to the nature of my disability and reasonable accommodations to my student record. By ticking 'Yes' below, I consent to UCD ALL sharing the specified information to the internal and external bodies for the purpose of providing me with reasonable accommodations.

**Note on Non-disclosure:** I may, at any time, request restrictions to the processing/sharing of data by UCD ALL by ticking 'No' below but I understand that this may limit the implementation of reasonable accommodations.

| Yes | No | External Bodies   | Type of Disclosure  | Purpose of Disclosure   |
|-----|----|---|---|---|
|     |    | Funding Body (Higher Education Authority: <i>Fund for Students with a Disability</i> ; Disabled Student Allowance)  | Name, student number, evidence of disability, details of supports received, registration status, degree outcome, Nationality, Residency, and immigration status.                            | Applying for FSD/DSA funding.<br><br>External reporting activities using anonymised data. |
|     |    | External service providers & UCD Finance Office (if applicable) e.g.: <ul style="list-style-type: none"> <li>• Education Support Worker Agency (e.g., Personal Assistant, ISL, Notetaker, etc.)</li> <li>• Transport Provider</li> <li>• Assistive technology provider</li> </ul> | Name, student numbers, contact information (phone number & UCD email address), nature of disability (if required), support requirements as necessary.                                       | Implement reasonable accommodations.  |
| Yes | No | Internal Bodies   | Type of Disclosure  | Purpose of Disclosure   |
|     |    | School and Programme staff including Module Coordinators, Lecturers, Student Advisor, Programme/School Manager, Module Assistants (Tutors, Lab Demonstrators, etc.)   | Name, student number, details of exam and classroom accommodations.   | Implement classroom & exam accommodations.  |
|     |    | UCD Registry – UCD Assessment staff (e.g., Alternate exam venue organisers & invigilators)  | Name, student number, details of exam accommodations.   | Implement exam accommodations.  |
|     |    | Internal & external UCD ALL reporting activities  | Anonymised data relating to nature of disability, Programme of study, year of Needs Assessment, Fund for Students with Disabilities Eligibility, and category of reasonable accommodations. | Evaluating and reporting on Disability Support activities and generating statistics.      |
|     |    | School of Nursing, Midwifery and Health Systems – Disability Liaison Team (if applicable)   | Name, student number, evidence of disability, details of exam and classroom accommodations, Fund for Students with Disabilities Eligibility.  | Identifying students to complete a Clinical Needs Assessment.                             |
|     |    | Access Coordinator Thomond Coogan (optional)  | Name, student number, details of exam and classroom accommodations.   | To inform University Access Coordinator of reasonable accommodations.                     |
|     |    | UCD Library (if applicable)   | Name, student number.   | Enabling use of accessible entrance.  |

## Use of Audio Recording Devices

- If the use of an **audio recording device** has been recommended for you as a reasonable accommodation, it is to ensure that you have full access to the material that the lecturer provides. No additional permission is required from lecturers to record lecture material when you have confirmed this accommodation. Use of Recording device is further outlined in the UCD [Privacy Statement for Students](#).
- It is your responsibility to ensure that these recordings are used exclusively for the purposes of your own private study, and they are not shared with any third party under any circumstances. This includes copying, lending or otherwise making available to the public (including other students) any lecture recordings made.
- It is your responsibility to take necessary precautions to secure any recordings made against unlawful usage by another person. For more information, please seek advice from UCD ALL and/or UCD IT Services.
- A breach of the conditions outlined here will constitute a breach of UCD's disciplinary regulations and will be brought before the Registrar or his/her nominee as per the UCD [Student Code](#).

**Reviewing supports:** I understand that I can request a review of my reasonable accommodations at any time (with reasonable notice), and it is my responsibility to alert UCD ALL if my accommodations are not satisfactory or become unsatisfactory over time due to changes in the circumstances concerning my disability. I understand that to review my supports I must attend a Supports Review meeting to discuss the consequences of removing/adding any supports and to provide written consent for changes to my supports. **I understand that I will informed of deadlines to review my supports before end-of-trimester exam periods.**

**Feedback & Research:** By accessing disability supports from UCD ALL, I understand that I will be asked to participate in surveys or other forms of research but that my non-participation will not in any way prejudice the reasonable accommodations I may be entitled to.

**Communication & Complaints:** I understand that official UCD communication is via my @ucdconnect.ie email address and will check this regularly and respond accordingly. I consent to UCD ALL sending my Certificate of Disability Support to my @ucdconnect.ie email address in PDF format following the Needs Assessment. Complaints in relation to decisions made by UCD ALL staff or with service delivery should be dealt with through the [UCD Complaints Procedure](#) if they are not resolved by UCD ALL to my satisfaction.

## Declaration

The information provided above is true, complete and accurate. By signing this Consent to Release Information Form, I am providing UCD ALL with confirmation of my understanding of the [UCD ALL Disability Support Privacy Statement](#) and providing my consent to release necessary information to the relevant internal and external bodies for the purposes of receiving reasonable accommodations.

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

| <b>To be completed by Needs Assessor:</b>  |                    |
|--|--------------------|
| Has the student provided evidence of disability documentation that meets the criteria for the Fund as outlined in the UCD Evidence of Disability form? | <b>Yes      No</b> |
| <b>Is the student eligible for the FSD?</b> (If 'No', please briefly state why)  | <b>Yes      No</b> |
| <b>Staff signature:</b>  |                    |