

Learning Support Referral and Information Sharing Agreement (Large print and alternative format versions available on request)

*Please fill in this form if you think you need support while you are at college.
Then tick any of the boxes that apply to you. Ask a member of staff or your family if
you need help to do this. After you have filled in the form return it to the Learning
Support Office in Room 1F038*

Student Name _____

Date of Birth _____ Student Ref Number _____

Contact Number/Email address _____

Course Title _____

Referred by (please tick)

1. Self

2. Internal Referrals (with permission of student)

Staff Name _____ Contact Details _____

3. External Referrals (with permission of student/applicant)

Name _____ Contact Details _____

Please tell us why you need support. Tick all that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Dyscalculia |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Moderate Learning Difficulty | <input type="checkbox"/> Severe Learning Difficulty |
| <input type="checkbox"/> Social and Emotional Difficulties | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Mobility Difficulty | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Profound complex disabilities | <input type="checkbox"/> Speech Language & Communication |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Asperger's syndrome |
| <input type="checkbox"/> Other - please provide further information: | |

Please turn over

Please add any other information you think may be helpful (including if you previously received support or exam arrangements at school / college:

Learning Support – Information Sharing Agreement

To give you the best possible support, we need to share the information about your support needs (including Education Health & Care Plan / My Support Plan) with other colleagues.

By signing this form you give your consent that any details held by Learning Support about your support needs can be passed onto:

Course Tutors / Progress Tutor (via ProMonitor),
 Exams Office (including Examination Award Bodies),
 Parent / Guardian / Carer,
 External Support Agencies.

You can ask the Learning Support team to change the details regarding who we share your information with at any time.

NB - All information held is in accordance with the Data Protection Act.

Student Signature _____ Date _____

Please be aware that you may also need to sign a Data Protection Notice in reference to exam arrangements.

LS Admin Office use only

Referral Type	Tick	Date
Unit-E report		
Self-referral		
For Info Sharing Purposes		
Other (please specify):		