

# Disability and Additional Learning Support Questionnaire

In accordance with guidance from the Special Educational Needs and Disability (SEND) system, Anglo-Continental is pleased to welcome students, where possible, who have a disability or who require a limited amount of additional learning support on their course. The answers to these questions will help us to see how much additional support, in terms of facilities or educational needs, that the student may require and whether we can meet these needs.

Many facilities, such as classrooms, the Student Centre, Student Services and a dedicated toilet are on the ground floor and are accessible for wheelchair users. Please note that the Multi-Media Learning Centre and Lecture Room 1 can only be accessed by stairs. Some scheduled leisure activities or excursions may not be suitable for students with disabilities or special educational needs.

**1. (Please complete in BLOCK CAPITALS)**

Name: .....

Date of birth: .....

Email address: .....

**2. Please tick the relevant boxes below (✓) indicating the nature of your disability or why you need additional support:** If there are any other important details to add, please include this information in part 4.

Blind / Partially sighted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dyslexia / Learning Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emotional Health (e.g. depression or eating disorder)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deaf / Hearing loss	Yes <input type="checkbox"/> No <input type="checkbox"/>	Autism Spectrum Disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Mental Health Condition (please state)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobility Difficulties	Yes <input type="checkbox"/> No <input type="checkbox"/>	Progressive Condition (e.g. muscular dystrophy)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Food Allergy resulting in a Medical Condition (i.e. nut allergy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bringing a Wheelchair or Crutches with you	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recurrent Condition (e.g. asthma, epilepsy)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (please state)	

Will you come with someone who will assist you during your stay in Bournemouth?      Yes  No

**3. If you have answered 'Yes' to any of the above, please answer the following questions.**

Are you able to travel to school on your own, either on foot or by bus?      Yes  No

Do you require a taxi service to and from school each day (at extra cost)?      Yes  No

Does your impairment cause you to get tired easily?      Yes  No

Do you need a ground floor bedroom and bathroom?      Yes  No

Do you need anything other than standard toilet and bathroom facilities?      Yes  No

(If 'yes' please specify e.g. handrail)

Do you need assistance with bathing?      Yes  No

Is it important that there is room for your wheelchair at the side of the toilet?      Yes  No

