

Disability Resource Centre: Voluntary Disability Disclosure Form

I. GENERAL INFORMATION

Name:

Gender:

Student ID No.....

Nationality.....

Date of Birth

Marital Status

Sponsored OR Private Student (*Please ✓ tick one*)

Sponsored

Private

If 'Sponsored', please provide sponsorship details:

.....

Programme Details:

Course(s) enrolled in:

Mode: Face -to -face

Print

Contact Details:

Landline..... Mobile..... Email

Mailing Address.....

II. DISABILITY INFORMATION

Please state the nature of your impairment? (*Kindly ✓ tick all that apply*)

- Learning Disability
- Attention Deficit/Hyperactive Disorder
- Psychological Impairment
- Visual Impairment
- Hearing Impairment
- Speech Impairment
- Mobility Impairment
- Chronic Health Disorder
- Other (*Please provide brief details*).....

IMPORTANT: Please attach current medical report by certified doctor with this disclosure form. Forms that do not have a medical report will not be processed.

- (a) Please provide a brief description of the ways in which your impairment(s) may affect your ability to actively participate in any USP programmes; AND
- (b) Specify any accommodations you may wish to request.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....
.....

III. EXCHANGE OF DISABILITY INFORMATION

In order to best meet your individual needs and provide reasonable accommodations, we request your permission to share and/or discuss any documentation that you will submit with the following persons (*Please circle 'Y' for 'Yes' and 'N' for 'No'*):

- | | | |
|--|----------------------------|----------------------------|
| Your parents and/or guardians | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Your sponsors (if applicable) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Your doctor, counselor/psychologist or other qualified professionals | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Selected USP faculty and staff | <input type="checkbox"/> Y | <input type="checkbox"/> N |

IV. DISABILITY AWARENESS AND ADVOCACY

The Disability Resource Centre seeks to enhance advocacy and raise awareness on disability inclusiveness at USP. We request your permission to share your story through interviews, news articles, facebook, twitter, photographs, brochures, banners, posters and other resource and/or publicity materials. (*Please ✓ tick your response*).

<input type="checkbox"/> Y	<input type="checkbox"/> N
----------------------------	----------------------------

Student Signature

Date.....