Academic Advice Service

Academic Representation Form

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| Name: | Date |
| StudentNumber |  |  |  |  |  |  |  |  |  |
| Course Title: |
| Department: |
| Full-time Part-time  | Year of Study 1 2 3 4 Other |
| UG PGT PG Research |  Home EU International |
| Gender: Male Female  | Date of birth: |
| Term time address:Postcode: |
| Home address:Postcode: |
| Telephone: | Mobile: |
| Email: |
| Please outline nature of your problemPlease include details of any communication you have had already had from the college, and/or meetings that you have held or been invited to. |

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To help improve our services, we need to know whether all groups in the community are being served. Your answers will be kept confidential and only used anonymously for statistical purposes.

Please tick the description that you think most applies to you.

Asian Caribbean Other

Black Chinese Please specify ……………………………………….

Black Other Indian Prefer not to say

Bangladeshi Pakistani

Black African White

The Disability Discrimination Act defines disability as “a physical or mental impairment which has a substantial and long-term adverse affect on a person’s ability to carry out normal day-to-day activities”.

Do you consider that you have a disability or health condition which falls within the above definition?

Yes No

Please provide some information regarding your disability

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Office Use Only

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| Adviser: |