# Support Services for ApprenticesDisability Support Form

## Please complete your personal details

Enter your Name:

Enter your OU Personal Identifier:

Employer Name:

Apprenticeship Standard:

Planned Start Date:

**Please provide the name of your disability, health condition, mental health difficulty or specific learning difficulty here**:

## Please tell us how your disability affects you. Tick all that apply.

**Sight** - you are blind or partially sighted. [ ]

**Hearing** - you will need to be able to communicate with your tutor and
occasionally you may need to take part in face-to-face or online discussion
 groups. [ ]

**Mobility** - your mobility is restricted. [ ]

**Manual skills** - for example, this may include difficulty handling items
such as books. [ ]

**Speech** - you have a speech impairment. [ ]

**Specific learning** difficulty (such as dyslexia or dyspraxia).[ ]

Please indicate if you have had a full specific learning difficulty assessment
after the age of 16. If possible, send a copy of this assessment to your Apprenticeship Programme Delivery Manager as soon as you can.

 Yes, I have been assessed for a specific learning difficulty [ ]

 No, I have not been assessed for a specific learning difficulty [ ]

**Mental health** - you need support because of mental health issues. [ ]

**Fatigue (extreme tiredness) or pain** - you need support because of extreme
tiredness or pain. [ ]

**Unseen disability** - for example, this may include diabetes, epilepsy or asthma. [ ]

**Autistic spectrum disorder** - you have Asperger's or another autistic spectrum
condition. [ ]

## Do you need advice about how your disability might affect your apprenticeship prior to starting?

Yes [ ]

No [ ]

## Details of how your disability may affect your study

We know that everyone’s condition affects them in different ways, for example you may have difficulties with studying visual materials or hearing on the telephone or with your memory or concentration.

Your qualification will be made up of modules and each module will have a website, most materials are studied online including podcasts and interactive teaching materials.

## Please give us details of any adjustment or support you might need so that you can study your module materials.

## If you need a different module material format to study, please select the appropriate option(s). Tick all that apply.

Audio versions of printed materials [ ]

Comb-bound books (books with a spiral binding) [ ]

Electronic text of printed materials [ ]

Braille labels (to identify materials) [ ]

I am likely to need a different format [ ]

**Your Practice Tutor**

Your practice tutor is the first person to approach if you have any questions about your course or assignments. They will provide face-to-face, email and telephone support. You’ll send assignments to them and receive their feedback electronically.

**Please give us details of any adjustment or support you might need with any of the following: being able to contact your tutor; producing written assignments; accessing electronic feedback.**

**Tutorials**

Your group tutorials will mainly take place online but there may be a choice of face-to-face group tutorials at various venues. They’ll involve presentations where you’ll need to take notes in some form and group work including discussions.

## Please give us details of any adjustments or support you think you might need to attend a face to face tutorial or participate in an online tutorial. We’ll ask you about physical access to buildings later.

## Please tell us about any other adjustment or support you might need because of the way your disability affects you in day to day life that might affect your study.

We understand that everyone has different individual circumstances, but if your course has face-to-face group tutorials and day-schools we encourage you to go.

## If your course has face-to-face tutorials do you intend to go?

Yes [ ]

No [ ]

## Please tell us your needs for access to buildings (locations vary so we can’t guarantee arrangements). Tick all that apply.

Parking very near (with blue badge) [ ]

Wheelchair access [ ]

Access without using a lift [ ]

Access without using stairs [ ]

Room close to the entrance [ ]

Nearby toilet [ ]

Room with induction loop [ ]

## Do you want communication support (only applies if you are deaf)?

Yes [ ]

No [ ]

**Please tell us how much your disability will affect your study.**

Significant effect [ ]

Moderate effect [ ]

Little effect [ ]

Please check through your choices before you send the form to us.

I understand that the information I have provided will be used in accordance with the OU [Privacy Notice](https://help.open.ac.uk/documents/policies/privacy-notice) [ ]

**I’m happy to share the contents of this form with my employer.**

Yes [ ]

No [ ]

Date: ………………………………………………………………

Please send your form and any documents to apprenticeships@open.ac.uk who will forward to The Open University Disability Support Team on your behalf.