Disability Information

Please use this form to tell us about your disability and if you would like to discuss your support arrangements/adjustments further. This form is applicable to both existing colleagues and new applicants.

**Where can I get more information?**

Please click [here](https://newcastle.sharepoint.com/hub/people-services/Pages/Colleague%20Support%20and%20Wellbeing/disability.php.aspx) to access our internal support pages or email [enable@Newcastle.ac.uk](mailto:enable@Newcastle.ac.uk)

**What do I do next?**

For new applicants please complete the form below and email it to [recruitment@newcastle.ac.uk](mailto:recruitment@newcastle.ac.uk).

For existing colleagues, please complete the form below and email it to [enable@Newcastle.ac.uk](mailto:enable@Newcastle.ac.uk)

**YOUR DETAILS**

**Title:** …………………..

**First Name:** ................................ **Surname:**................................

**Date of Birth:**.....................................

**Vacancy Reference Number (new colleagues):** ………………………..

**Colleague Number (existing colleagues):** ………………………..

**Please tick below the options that best apply to yourself:**

Learning difference such as dyslexia, dyspraxia or AD(H)D

Learning disability that means it can be challenging to learn new things and live independently

Social/communication condition such as a speech and language impairment or an autistic spectrum condition

Long-term illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Mental health condition, challenge or disorder, such as anxiety, depression, OCD or schizophrenia

Physical impairment, mobility or dexterity issues, including if you use a wheelchair or crutches, specialist chair or IT equipment

d/Deaf or have hearing loss

Blind or sight loss uncorrected by glasses

A disability, health condition or learning difference not listed (please expand below)

**Please let us know if you are not sure what you need and/or you would like to know more about the support or assistance available for you in your job if you are appointed to the post. (Tick one).**

Yes, I would like to discuss my adjustments with an Adviser.

No, I do not wish to discuss support arrangements.

1. **Declaration:**

✔ **I give my consent to this information being processed, which means amending my Personnel record to state that I have a disability.**

✔ **I understand that this information will also be used anonymously for statistical analysis and reports.**

**Signed by …………………………………………………………..**

**Date ……………………………………………………………….**

The University will process your data in accordance with the People Services privacy notice