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

**What do I do next?**

For new applicants please complete the form below and email it to recruitment@newcastle.ac.uk.

For existing colleagues, please complete the form below and email it to 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