

APPLICATION FOR ADDITIONAL SUPPORTS

(This information will be treated in strict confidence)

Full Name: _____

Home Address: _____

Eircode: _____

Date of Birth: _____

Phone Number: _____

Gender: _____

Parent/Guardian Phone Name: (U18) _____

Parent/Guardian Contact Number (U18) _____

Parent/Guardian Email Address:(U18 _____

(We only request parent/guardian contact details where a learner is under 18 years)

Do you present with any medical condition that may affect your participation on your course at Sligo College of Further Education:

Yes

No

SPECIAL EDUCATIONAL NEEDS

Please tick appropriate box.

Additional Learning Need	YES
Autism Spectrum Disorder	
Attention Deficit Disorder	
Attention Deficit Hyperactivity Disorder	
Blind/Vision Impaired	
Deaf/Hard of Hearing	
Developmental Co-Ordination Disorder(Dyspraxia/ Dysgraphia)	
Mental Health	
Neurological Condition	
Significant on going Illness	
Physical / Mobility	
Specific Learning Difficulty Dyslexia/Dyscalculia	

Please specify if you have an additional learning need not included in the above list: _____

Please indicate the type of documentation you are submitting with this application (ie: Consultations Report, Educational Psychologist Report etc.,)

(Please note that we cannot process your application without the appropriate documentation)

GP Letters are not accepted as documentation for this Service

PRIOR LEARNING SUPPORTS

Previous School or Academic Institution:

Please indicate the Supports you received:

Category of Support	Yes
Learning Support	
SNA Support	
Assistive Technology Support	
Exam Accommodations	
Case Work or Social Work	
Note Taker	
Accommodations at Exam Time	

I have submitted the appropriate documentation to support my application.

Yes

I understand the eligibility criteria for additional supports at Sligo College of Further Education : Yes

Applicant's Signature: _____

Date: _____

PART D – ELIGIBILITY CRITERIA FOR SUPPORT

This section applies to eligible students for which a funding request is being made for the first time.

The criteria set out in this section are specifically associated with the Fund for Students with Disabilities and FE colleges/schools should not assume that the same criteria apply in other contexts, e.g. obligations under law.

Funding can be requested for eligible students who have provided evidence of disability documentation that meets the criteria for the Fund as set out below. Education and Training Boards are responsible for ensuring that each Further Education college/school collects and screens the documentation to establish that it meets the criteria for funding and such documentation should be retained on-file by the institution.

Acceptable evidence of disability documentation is a report that meets the criteria as set out in table D.1. Providers of reports must be appropriately qualified professionals and members of professional/regulatory bodies. Reports should be signed and on headed notepaper.

A General Practitioner own diagnosis of a disability/condition is not acceptable as evidence of disability for the purposes of the Fund.

Please also note the following:

1. Where a funding request is based on needs arising from more than one disability, appropriate evidence of disability documentation for each disability must be provided by the student and retained on file by the FE college/school
2. All FE colleges/schools should advise students and relevant third parties that any medical reports or professional opinions compiled by third parties in support of an application should only contain details relevant to the disability being outlined
3. Disability documentation which has been completed in a language other than English can be submitted, along with an English translation. This translation must be conducted by an individual/organisation that is completely independent of the student.

Table D.1 Evidence of Disability Eligibility

Disability	Evidence & Eligibility Criteria	Age of Report
Autistic Spectrum Disorder	A report from a <ol style="list-style-type: none"> 1. Consultant Psychiatrist OR 2. Psychologist OR <ol style="list-style-type: none"> 3. Neurologist OR 4. Paediatrician providing a diagnosis of autism 	No age limit
Attention Deficit Disorder Attention Deficit Hyperactivity Disorder	A report from a <ol style="list-style-type: none"> 1. Consultant Psychiatrist OR 2. Psychologist OR <ol style="list-style-type: none"> 3. Neurologist OR 4. Paediatrician providing a diagnosis of ADD/ADHD 	No age limit
Blind/Vision Impaired	A report from one or more of the following: <ol style="list-style-type: none"> 1. Ophthalmologist/Ophthalmic Surgeon providing a diagnosis of severe reduction in vision that cannot be corrected with standard glasses or contact lenses. The diagnosis must be in relation to Best Corrected Visual Acuity or Field of Vision 2. A letter from the National Council for the Blind Ireland confirming registration A letter from the principal from a school for the Blind confirming attendance.	No age limit
Deaf/Hard of Hearing	A report from one or more of the following: <ol style="list-style-type: none"> 1. An audiogram from a professionally qualified Audiologist and/or ENT Consultant, indicating moderate to profound bilateral hearing loss (i.e. above 40dB) 2. A letter from the principal from a school for the Deaf confirming attendance 	No age limit
Developmental Co-ordination Disorder (Dyspraxia/Dysgraphia)	A report from a <ol style="list-style-type: none"> 1. Psychologist OR 2. Occupational Therapist OR 3. Neurologist diagnosing Developmental Coordination Disorder (Dyspraxia) 	No age limit

Disability	Evidence & Eligibility Criteria	Age of Report
Mental Health Condition (For example, Bipolar Disorder, Schizophrenia, Clinical Depression, Severe Anxiety, Severe Phobias, OCD, Severe Eating Disorders and Psychosis).	A report from a <ol style="list-style-type: none"> 1. Consultant Psychiatrist <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. Specialist Registrar 	Less than five years
Neurological Condition	<u>Neurological Conditions:</u> <ol style="list-style-type: none"> 1. Neurologist OR 2. another relevant Consultant <p style="text-align: center;">Speech & Language Disabilities:</p> <ol style="list-style-type: none"> 3. Speech and Language Therapist 	No age limit
Significant Ongoing Illness	A report, diagnosing a significant ongoing illness such as: <ol style="list-style-type: none"> 1. Diabetes Type 1: Endocrinologist or paediatrician 2. Cystic Fibrosis: Consultant respiratory physician or pediatrician 3. Gastroenterology condition: Gastroenterologist 4. Other: Consultant/Consultant Registrar. 	Less than five years
Physical/mobility	A report from an <ol style="list-style-type: none"> 1. Orthopaedic Consultant OR 2. other relevant specialist diagnosing a significant physical or mobility difficulty. 	No age limit
Specific Learning Difficulties (Dyslexia or Dyscalculia)	<ol style="list-style-type: none"> 1. The report of a psycho-educational assessment by a Psychologist <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. by an assessor (PATOSS accredited) diagnosing a Specific Learning Difficulty. <p>Students applying to the Fund may be asked for their latest assessment scores/educational reports to assist institutions in determining the appropriate level of support.</p> <p>All tests used in the assessment must be valid, reliable and age appropriate.</p>	No age limit



Dear Parent/Guardian,

New data protection law

You may have heard of a new law that has been brought as a result of the General Data Protection Regulation (or **GDPR** for short). This law involves the protection of 'personal data', meaning any information that relates to an identifiable living person. The new law means that we have to change how the college collects and processes information about students.

How does this new law affect me?

As you know, our college provides parents with information about student progress, attendance and other school-related matters. As a result of the GDPR, when a student in the college reaches the age of 18, we now need their written consent to continue to provide information to parents / guardians in the same way as before.

Do I need to do anything?

If your son / daughter has reached the age of 18 and you wish to continue to receive information about them in the usual way, I would ask you to discuss this with them. If they give their consent for you to continue to receive this information as before, **the attached form needs to be filled in and returned to the college.**

When received, we can then continue to update you on your child's educational progress and attendance.

What happens if I do nothing?

If your son / daughter has reached the age of 18 and the attached form is not completed and returned, we will only be able to provide information about them directly to them (in other words, parents / guardians would not be given the information). However, please be assured, if there are ever any concerns about the health, welfare or wellbeing of your son / daughter, we will inform you of this as we have always done.

If you would like more information

Our *Privacy Notice* is available on the Data Protection section of our website (mayosligoleitrim.etb.ie/about-us/data-protection) and gives you some helpful information about who we are, what personal data we collect about you, why, who we share it with and why, how long we keep

it, and your rights. If you need more information, please see our Data Protection Policy also available through the website link above.

I wish your son/daughter continued success throughout the academic year. Thank you for your co-operation on this matter.

Yours sincerely,

David McGuinness

Principal

Sligo College of Further Education

**Over 18 Student Request Form in
relation to Personal Data**



Please inform your parents/guardians of your decision to nominate them and ask them for the information below. Please sign and also have your parent(s) / guardian(s) sign this request.

Name(s) of nominated parent(s) / guardian(s)

1.	2.
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The ways in which I wish my parents/guardians to be contacted are (please tick ü)

Ordinary post
 Email
 SMS text message / telephone call

If you selected 'ordinary post' above, please give postal addresses of parent(s) / guardian(s):

1.	2.

If you selected 'email', please give email addresses of parent(s) / guardian(s):

1.	2.
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If you selected 'SMS text message / phonecall', please give contact numbers of parent(s) /guardian(s):

1.	2.
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Declaration and signature of student:

I, the undersigned, student at Sligo CFE, aged 18 years or older, hereby request and give consent to Sligo CFE to provide the parent(s) / guardian(s) nominated above with my personal data, on the same or similar basis as such was communicated prior to my reaching 18 years of age. I acknowledge and declare that I have made this request to share my personal data of **my own free will and volition** and was **not coerced** to do so, **nor was I under duress** at the time of signing this nomination form, and that I have **chosen to make this request voluntarily and knowingly** and can withdraw this request in writing at any time.

Signed: _____
(Student / Data subject) *Date*

Declaration and signature of parent(s) / guardian(s):

I/we, the undersigned, acknowledge this request and hereby consent to the nomination such that I/we will receive from the college personal data regarding the data subject. I/we give this consent voluntarily and knowingly.

Signed: _____
(Nominee 1 – Parent / Guardian) *Date*

Signed: _____
(Nominee 2 – Parent / Guardian) *Date*



Data Protection Form For Learners with Additional Needs (Over 18)

This consent form complies with Data Protection Acts 2003-2018

Personal Data is not shared without prior consultation and expressed permission.

Learners are advised that data provided to the learning support department will be processed for the purposes of funding from SOLAS

Data , which may include personally sensitive data, may be shared with third parties for monitoring and reporting on European Social Fund co-financed activities and for auditing purposes.

It may be deemed to be of benefit to the learner to disseminate information in relation to a disability to management and other members of staff in the college in order to provide additional supports in the mainstream classroom setting.

I understand and consent that my data be used for the purpose of processing my application for additional supports. I further understand, that with my expressed consent, my data may be shared with management and staff at Sligo College of Further Education.

Signature: _____ Date: _____