

DFEi Supplementary Information Form for students with Disabilities, Health Conditions and/or Specific Learning Difficulties

1. Instructions to Applicants

- 1.1 The following information form must be completed in full and submitted with all documentation requested in order to apply for any supports or services on the basis of a disability, significant health condition and/or a specific learning difficulty.
- 1.2 Contact the Disability Advisor at (01 280 9676) to discuss any issues relating to this information form.
- 1.3 Complete in BLOCK Capitals.
- 1.4 SEPTEMBER 30th SUBMISSION DEADLINE MUST BE OBSERVED

2. Personal Details (complete in block capitals)		
Na	ame:	
Addr	ess:	
/ toda	960.	
Date of birth:	PPS Number:	
	Course	
Telephone No.:	Email address: Code:	
3. Indicate your primary disability, significant health condition or specific learning difficulty (please tick ✓)		
ADD/ADHD	Deaf/Hearing Impairment Significant On going Illege	
	Deaf/Hearing Impairment Significant On-going Illness	
ASD (Autism inc. Aspergers)	Mental Health Condition Neurological Condition (Brain injury, speech/language disability)	
Blind/Visual Impairment	Physical Disability Other (Please state):	
DCD/Dyspraxia/Dysgraphia	Specific/General Learning Difficulty	
4. Evidence Required (Note: Impo	rtant Information)	
	nce of all disabilities disclosed.	
4.2 Please refer to the Information		
4.3 This information must be gath	nered as early as possible as it can take several months to get a disability verified.	
4.4 Students may not be able to commence their course if the supports are not in place. Where supports are not in place prior to course		
	deavour to provide reasonable accommodations where possible.	
•	uired are outlined in the DFEi Information for students with a disability, Health Conditions and/or Specific available from the admissions office at (01) 280 9676, or from info@dfei.ie or at www.dfei.ie.	
_	with sensitivity and in confidence.	

5. Details of Supports (Complete as much as possible)

- **5.1** Students must outline details of supports received in 2nd/3rd Level.
- **5.2** Students must outline the supports required in DFEi.
- 5.3 The level of supports and services provided by DFEi will depend on the funding allocated by SOLAS.
- **5.4** Students are entitled to appeal the funding decision.

Supplementary Information Form completed in full Copy of Consultant/Psychologist report Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examinations Commission (SEC) or school stating any accommodations received at 2 nd Letter from State Examination (SEC) or school stating any accommodation or school stating any accommodation or school stating and school stating at the school stating at the school school stating at the school sc	
Specific Learning Difficulty Assessment (e.g. W/DAT.4) Letter from State Examinations Commission (SEC) or	
I understand that if I wish DFEi to apply, on my behalf, to SOLAS for extra supports and services on the basis of a disability or specific learn difficulty that a limited amount of my personal information will be kept on a database which can be accessed by SOLAS. I also understand there is no guarantee that funding will be granted in relation to supports applied for.	
Student signature: Date:	