



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

Application for special consideration for accommodation – Continuing students, academic year 2019-2020		
Full name:		
College ID Number:		
Year in 2019-2020 (please tick)	Undergraduate <input type="checkbox"/> JF (1st) <input type="checkbox"/> SF <input type="checkbox"/> JS <input type="checkbox"/> SS <input type="checkbox"/> 5th	Postgraduate <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> year 4
Reason for seeking special consideration for your room application (please outline the reason below):		
Checklist – note your application is not complete unless have provided the following information. Incomplete applications at the time of review will not be considered. It is up to YOU to ensure the Accommodation Office is provided with the required documentation.		
Have you completed the online application form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you submitted supporting documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, from whom?		
(The grounds on which you may seek special consideration are individual and must be extenuating. Extenuating circumstances mean that you may have A: a disability and/or B: significant personal circumstances		

Do you have any specific requirements for your accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Next of kin contact information:		
Name:	Telephone number:	
Relationship to you:		

A: Consideration on grounds of disability

Applicants for accommodation in Trinity (this includes Trinity Hall, Campus, Binary Hub and Kavanagh Court) on grounds of disability are advised to complete this section (A).

- As part of my application for rooms I have registered with the Disability Service and provide my consent for the Disability Service to support my application

Please indicate in what way your disability impacts you:

- Mobility and/or Stamina/fatigue
- Commuting from _____ to College
- Course requirements and impact of disability
- Medication impacts on my participation in College
- Social interaction difficulties/support needs

Please review disability criteria <http://www.tcd.ie/disability/services/App-for-rooms.php>

Please write an explanation for any of the boxes you have ticked:

Student signature: _____

If you have a disability but are not yet registered with the College Disability Service,

please complete the Disability Registration form linked [here](#) or contact askds@tcd.ie or phone 01-896 3111

Please note, only students who complete this process can be considered for a room under special consideration. Students who subsequently disclose a disability and who have not applied via this route will be required to do so. This will include a needs assessment with the Disability Service to determine what support may be needed. If the support needs are beyond what are considered reasonable, the student may be asked to leave their student accommodation.

B: Consideration on grounds of significant personal circumstances:

- The student is experiencing difficult family circumstances /situations which affects their living arrangement and creates a need to live in campus accommodation.
- Poor living arrangements-e.g. homeless, need financial assistance from State, poor health and wellbeing in past year which significantly impacts on performance within college and identified need to live on campus.
- Poor health and wellbeing due to poor mental or physical health

Support for accommodation application – source: please tick the box below

- College Tutor
- Senior Tutor
- College Health Service
- Student Counselling Service
- External Health or Social Care professional
- Other (please specify)

Please meet with the person you have identified above in support of your application for accommodation, to complete this application and submit once it is signed by the supporting source.

I consent to have my personal data shared as per the following guidelines:
https://www.tcd.ie/disability/assets/pdf/Privacy_statement.pdf

Student signature:

Section for Application supporter Only:

I have met the above named student who has registered with the _____Service. I have verified the impact of the student's personal circumstances in relation to the indicators above and I recommend that he/she is accommodated in Trinity Hall/Campus.

Signed:

Support comments:

