

Application for Special Consideration for accommodation – academic year 2021-2022

FORM A - Application on grounds of disability or health.

Completed application together with the supporting documentation should be sent by e-mail to <u>resacc@tcd.ie</u>. This is for all Trinity locations: Campus, Trinity Hall and Kavanagh Court.

Full name:				
College ID Number:				
Year you will be in 2021 - 2022 (please tick)	Undergraduate JF (1st) SF JS SS SS 5th	□ Y€ □ Y€ □ y€	ear 1 ear 2 ear 3 ear 4	
Reason for seeking special consideration for your room application (please outline the reason below):				
Have you completed the online accommodation application?			□ Yes	□ No
Do you have any specific requirements for your accommodation?			🗆 Yes	🗆 No
Next of kin information:				
Name:		Telephone number:		
Relationship to you:				
Before proceeding to the next step of the application, please note the grounds on which you may seek special consideration are individual and must be extenuating. Extenuating circumstances mean that you may have a disability or health issue (Form A) or personal circumstances (Form B) and you should apply under one of the above only.				
Incomplete applications at the time of review <u>will not be considered</u> . It is up to <u>you</u> to ensure the Accommodation Office is provided with the required documentation.				
Please note all supporting documentation must be in English.				

Applicants for accommodation in Trinity (this includes Trinity Hall, Campus and Kavanagh Court) on grounds of disability or health issue are advised to complete this form <u>only</u>. Please tick <u>one</u> box below to confirm that you have applied to the Trinity Disability Service or have sought support from the College Health Service.

- □ 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
- As part of my application for rooms I have sought support from the College Health Service due to a health/medical issues and provide my consent for the Health Centre to support my application

Please indicate in what way your disability or health issue 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 below a short explanation for any of the boxes you have ticked.

Student signature: _____

If you have a disability but have not yet applied to the Trinity Disability Service, please apply at my.tcd.ie or contact <u>askds@tcd.ie</u> or phone 01-896 3111.

Alternatively, please contact the College Health Service to seek their support: House 47 Trinity College 01 8961591 or 01 8961556

Please note, only students who complete this process can be considered for a room under Special Consideration scheme. Students who subsequently disclose a disability or health issue and who have not applied via this route will be required to do so. This will include a needs assessment with the Disability Service or a referral to the College Health 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. I consent to have my personal data shared as per the following guidelines: <u>https://www.tcd.ie/privacy/</u>

Student signature: