



Application for special consideration for accommodation – academic year 2018-2019			
Full name:			
College ID Number:			
Year in 2018-2019 (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	
Room preference	I am willing to accept a room on campus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I am willing to accept a room at Trinity Hall, Kavanagh Court or Binary Hub	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 and/or C: a mental or physical health problem			

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:

If you have a disability and are registered with the Disability Service, please provide your consent for the Disability Service to support your application by completing this section.

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/supports needs

Please review disability criteria :

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

Please write a short 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 contact disab@tcd.ie or phone : 01-896 3111

B. Consideration on grounds of significant personal circumstances:

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

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.

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/Kavanagh Court/Binary Hub/Campus.

Signed : _____

Support comments:

C: Mental or Physical Health Problem:

- The student has a significant health condition which affects their living arrangement and creates a need to live in campus accommodation.
- The student has a mental health diagnosis for which the provision of rooms on campus is essential to ensure optimal participation in the coming academic year.

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.

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Signed : _____

Support comments: