

Application for Special Consideration for accommodation academic year 2020-2021

Please complete Section A or Section B as appropriate.

Completed application together with the supporting documentation should be sent by e-mail to resacc@tcd ie

	ions: Campus, Trinity Hall, K			nail to <u>resacc@tcd.le</u> .	
Full name:					
College ID Number:					
Year you will be in	Undergraduate	Postgra	duate		
2020 - 2021	□ JF (1st)		Year 1		
(please tick)	□ SF		Year 2		
	□ JS		Year 3		
	\square SS		year 4		
	□ 5th				
Reason for seeking special consideration for your room application (please outline the reason below):					
Have you completed application?	the online accommoda	ition	□ Yes	□ No	
Do you have any speci- accommodation?	fic requirements for your		□ Yes	□ No	
Next of kin informati	on:				
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 (section A) or personal circumstances (section 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.					

Section A: Application 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 <u>only</u> . Please tick the box below to confirm that you are registered with Trinity Disability Service or planning to do so.
☐ 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 below 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 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 scheme. 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: Application on grounds of extenuating circumstances.
Applicants for accommodation in Trinity (this includes Trinity Hall, Campus, Binary Hub and Kavanagh Court) on grounds of extenuating circumstances are advised to complete this section only. If you have applied under section A please leave this blank.
 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 and ask them to sign below in the Supporter section 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 theService. 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: