**Request for Learning Support**

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| **Full Name:** |  | | **Student ID:** |
| **Address:** |  | | |
| **Email Address:** |  | **Phone No:** |  |
| **Disclosed Disability:** |  | | |
| **Qualification/Course Undertaken:** |  | | |
| **Delivery Method:** |  | | |
| **Assessment Method:** |  | | |
| **Student Resources & Learning Materials** |  | | |
| **Additional Support Required:** |  | | |
| **Proposed Monitoring of Progress:** |  | | |

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| **Disclosed Disability and/or Learning Support Agreed on:** *(provide comments of discussions below)* |
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| **Acknowledgement of Discussions regarding the Request for Learning Support:** |
| **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_  **College Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_** |