**Request for Learning Support**

|  |  |  |
| --- | --- | --- |
| **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:** |  |

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