



# The Honorable Society of King's Inns

# **Disability Registration Form**

The personal data that you provide to King's Inns as part of this form will be processed in accordance with the GDPR (EU) 2016/679 and the Irish Data Protection Acts 1988-2018. You are responsible for informing King's Inns of any subsequent changes to your personal data. For further information about how your personal data will be processed, please see our Data Protection Statement at <a href="https://www.kingsinns.ie/data-protection-notice">https://www.kingsinns.ie/data-protection-notice</a>

Student's Name:
Student's Number: (number starting with 1 which can be found beside your name on the Applications Portal)
E-mail:
Current Address:
Telephone Number:
Applicants:
Learners who require adapted arrangements <b>must complete and submit this form whenever their circumstances change.</b> This ensures that appropriate support can be provided based on their curren needs.
Disability¹:
This relates to any permanent illness, injury, or condition.
Deadling

#### Deadline:

Completed Disability Registration Form along with supporting documentation must be received 8 weeks before the commencement of examinations. Deadlines are necessary to ensure your needs may be appropriately met. Learners who require reasonable accommodations due to a disability are invited to contact the appropriate staff member to discuss their requirements at registrar@kingsinns.ie

<sup>&</sup>lt;sup>1</sup> A student is disabled in this context if he/she requires a facility which is outside of the mainstream provision of the Law School in order to participate fully in course/exams and without which the student would be educationally disadvantaged in comparison with their peers. Adapted from DAWN (Disability Advisors Working Network) Policy and Practice on Assessment and Examination Accommodations for Learners with Disabilities, 2018

## Nature of the disability and required support

It is your responsibility to declare any condition that may require reasonable accommodations and to complete the requisite paperwork which will necessitate supporting documentation from a relevant medical health professional. This enables the appropriate arrangements to be put in place to support you.

See Appendix 1 for details of examples of recognized professionals and acceptable supporting documentation for the purpose of verification of disabilities.

What is the nature of the disability?

## **Teaching and Learning Supports Required:**

What supports do you require to benefit fully from lectures and tutorials? Please detail your needs in respect of course materials, any modifications to teaching methods, learning supports (e.g. computer hardware/software, interpreters, note-takers etc.) and mobility/other access issues:

#### **Reasonable Accommodations:**

Please tick the reasonable accommodations that would be most suitable for you	Pleas	se tick the	reasonable	accommodations	that would	be most	suitable for	งดน
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Additional time

Reader / Scribe<sup>2</sup>

**Recorded Assessment** 

Use of Assistive Technology or Software (please specify below)

Rest Breaks<sup>3</sup>

Notification of Disability to Examiner

Other (please specify below)

#### Consent

#### Pleasetick:

I consent to King's Inns processing the personal data and special categories of personal data submitted with this application. I understand that I can withdraw my consent at any time by contacting: <a href="mailto:dataprivacy@kingsinns.ie">dataprivacy@kingsinns.ie</a>

Name of applicant: (capital letters or typed)

Signature of applicant\*:

Date:

\* This form may be signed electronically using the "Fill & Sign" function in Adobe Acrobat Reader. Select "Sign Yourself", then "Add Signature" and then "Draw" or "Upload Image".

Alternatively, this form may be printed, signed and scanned before uploading.

Please note that typing your name in the signature field is NOT an acceptable method of electronic signature for King's Inns.

<sup>&</sup>lt;sup>2</sup> If you will be availing of the services of a Reader/ Scribe, a practice session is strongly recommended and can be arranged by special appointment if required by the learner.

<sup>&</sup>lt;sup>3</sup> Learners who may require a rest break in examinations include learners whose ability to complete the examination within the required time is significantly impacted by a medical, sensory, psychological, or physical disability.

<sup>&</sup>lt;sup>4</sup> It is **your responsibility** to provide this information which is required in order that your examiner(s) can be notified of your disability.

## Appendix 1 - Supporting Documentation Required

# Documentation Required for Application of Adapted Study & Exam Arrangements (Registered Disability)

Condition:	Supporting documentation from:		
Blind / Vision Impaired	Ophthalmologist		
Deaf / Hard of Hearing	Audiologist, ENT Consultant		
Physical / Mobility Disability	Orthopaedic Consultant, Neurologist (consultant), other Consultant specific to condition		
Medical Condition	Relevant consultant in area of condition		
Dyslexia/Specific Learning Disability (SLD)	Adult Educational Psychologist (Full adult assessment report required)		
ADD / ADHD & Asperger's Syndrome	Clinical Psychologist / Psychiatrist		
Head/Traumatic Brain Injury	Consultant Physician, Neurologist, Neuropsychologist		

Condition:	Supporting documentation from <sup>5</sup> :
Mental Health Condition	<ul> <li>Psychiatrist (report) – Where additional time is being sought.</li> </ul>
	<ul> <li>GP/Psychologist/Psychotherapist-where alternate exam venue only is being sought.</li> </ul>

Source: Adapted from DAWN Policy & Practice on Assessment and Examination Accommodations for Learners with Disabilities, June 2008.

#### Please note:

- A GP medical certificate will not be accepted as suitable medical evidence for candidates with a permanent disability (except for applications for an alternate exam venue only in the case of a mental health condition as detailed above).
- All certificates must be current and should confirm:
  - Exact nature of the disability,
  - Impact of the disability on a student's ability to participate in study and to undertake examinations,
  - Confirmation that the adaptations (which should be named) being applied for are medically necessary.
- All relevant certificates should be attached to the application form.

<sup>&</sup>lt;sup>5</sup> This may be reviewed in exceptional circumstances