

Return to:  
Deaf and Disabled Support  
City Lit  
Keeley Street  
London WC2B 4BA

# city lit

The centre for adult learning

## Deaf and Disabled Support 2008 – 2009

### Confidential APPLICATION FOR SUPPORT ON A COURSE AT CITY LIT



Awarded for excellence



INVESTOR IN PEOPLE

COURSE DETAILS	
Department: _____	Days: _____
Course Title: _____	Dates: _____
Course No: _____	Times: _____
Site: _____	Tutor: _____
Room: _____	

STUDENT DETAILS (Please use BLOCK CAPITALS)	
Name: _____	DOB: _____ Age: _____
Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/>	Voice <input type="checkbox"/> Fax <input type="checkbox"/> Minicom <input type="checkbox"/>
Address: _____	Tel: _____
_____	Fax: _____ (if different from above)
_____	E-mail: _____
Post Code: _____	Other numbers where we can reach you: _____
First Language: _____	

SUPPORT PREVIOUSLY RECEIVED			
Communicator	<input checked="" type="checkbox"/>	Hours per week	
	<input type="checkbox"/>	<input type="text"/>	Teacher of the Deaf
Notetaker	<input type="checkbox"/>	<input type="text"/>	Lipspeaker
Interpreter	<input type="checkbox"/>	<input type="text"/>	Extra Tutorials
Did you use any equipment (eg radio aid/loop)?		_____	
Any other support equipment		_____	

Preferred Method Of Communication			
<input type="checkbox"/> BSL	<input type="checkbox"/> SSE	<input type="checkbox"/> Lipreading	<input type="checkbox"/> Speech

### What support will you need?

1. In class

Notetaker

Communicator

Interpreter

2. Additional support

Tutorials with a tutor for the deaf

Help with understanding written projects and briefs

Help with writing and planning essays and projects

Study skills course

Special exam arrangements

3. Equipment (these items are subject to availability)

Radio link aid

Loop system

### Any other things you would like us to consider when planning support?

### EQUAL OPPORTUNITIES MONITORING

How would you describe yourself amongst the following ethnic groups?

Please note that these categories are used to meet the requirements of the Further Education Funding Council, which is the Institute's main funding body.

Bangladeshi

Chinese

Other - Asian

Black-African

Indian

Other

Black- Caribbean

Pakistani

Please Specify

\_\_\_\_\_

Black other

White

### How did you find out about City Lit support service?

City Lit

School/College

Careers Officer

Friend

Other (please give details)

\_\_\_\_\_

**Please note:** you may be invited to City Lit to discuss your support needs with our tutors. Completing this form does not mean you are guaranteed support. Provision of support is dependent on the availability of appropriate qualified support staff.

### DECLARATION TO BE SIGNED BY STUDENT

I agree to abide by the rules and regulations of the institute

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form is used for you to apply for support from City Lit. Information you provide on this form will only be used for the purpose described and will be processed in compliance with the Data Protection Act 1998. Further information about data protection is available on request.

**To be completed by office only**

**Deaf and Disabled Support:**

Student seen by (Support Tutor):

Date:

Learning Agreement completed:

Self-assessment completed:

**Learning Support Manager:**

Approved: (signature)

Name:

Additional support costs form completed:

Date:

Number of students on course needing support:

**Communication support required:**

Communicator / CSW:

Interpreter:

Notetaker:

---

**Please attach this slip to your Enrolment Form**

Student's name: \_\_\_\_\_

Course details: \_\_\_\_\_

This student has discussed in-class support with Deaf and Disabled Support and can be enrolled on their course.

Completed by:

Date: