

Application for funding towards student's accommodation

Information for Medical Practitioner

The University of York has three different bedroom types:-

- **Shared-bathroom accommodation** has a hand wash basin within the bedroom and a private toilet and shower room close by, shared with other residents.
- **Ensuite accommodation** has its own hand wash basin, toilet and shower within the bedroom.
- **Self-contained accommodation** has an ensuite bathroom, plus its own kitchen.

The student below has **already been allocated** a specific bedroom type because they provided evidence that they have additional requirements for health or welfare reasons.

The University of York will provide funding for the difference in rent between the allocated bedroom type and a cheaper bedroom type if:

1. the student is considered disabled under the Equalities Act 2010 (see notes below) **and**
2. the bedroom type is **essential** for them to be able to live and study at the University

This form asks for the opinion of a registered medical practitioner to support the student's application for funding only - it will not change the student's eligibility to live in their specific bedroom type.

Student Details (*student to complete*)

Name:

Student ID Number:

Date of birth:

Term time address:

Type of bedroom allocated for your additional requirements (ensuite / self-contained / other)

.....

Medical Practitioner to complete

Do you consider the student named on this form a disabled person under the purposes of the Equalities Act 2010?*

[] Yes [] No

If yes, please provide details

.....

.....

Do you consider the bedroom type indicated above to be essential for the student to live and study at the University? The answer you give won't have an impact on their tenancy but will help us to decide if we should provide part-funding for the room they are living in.

Please choose one of the statements below:

- 1) This room type is essential for this student []
- 2) This room type is not essential, but would significantly help them to manage their condition []
- 3) This room type is not essential, but would be preferable for a student with this condition []
- 4) This room type is not essential for this student []

**[The Equalities Act 2010 defines a disability as as a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.*

'Substantial' means more than minor or trivial. 'Impairment' covers, for example, long-term medical conditions such as asthma and diabetes, and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease. A mental impairment includes mental health conditions (such as bipolar disorder or depression), learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down's syndrome). Some people, including those with cancer, multiple sclerosis and HIV/AIDS, are automatically protected as disabled people by the Act. People with severe disfigurement will be protected as disabled without needing to show that it has a substantial adverse effect on day-to-day activities.]

Medical professional details

- Name
Job Title
- Certificate or registration number (GMC, HPC, NMC)
- Type of practice or organisation (GP Practice, Primary / Secondary care team, Hospital, Other)
.....
- Name of practice or organisation
- Address & postcode, telephone no.
.....
- Practice or organisation's stamp

Student to complete

Storing your information

If you would like the University of York Accommodation Team to keep your information on file, so that it can be reviewed for any future accommodation or funding applications you make, please let us know by marking the box that applies below.

Please note: if you do not confirm that we can keep your information on file, you will have to resubmit evidence of your additional requirements with every new accommodation application.

I would like the Accommodation Services Team to keep my information on file to be used and reviewed for any future accommodation applications I may make.

YES (Please keep my information on file for future applications)

NO (Do not keep my information on file for future applications)

Date/...../.....

Signed (Student)