

ADDITIONAL SUPPORT form (for Disabled Learners)



Name	Phone
Home Address	Postcode
Course	Day & Time
Course	Day & Time
Course	Day & Time

Name of Support Organisation.	Contact Name (from support org. or other supporter e.g. friend / relative)
Address	Phone: Mobile:

Please tick which of the following applies to you:

1: I will NOT need additional help with my learning or with leaving the building in the event of an evacuation or fire drill.

2: I WILL some need additional help with my learning.
If you tick this box, we'll contact you for further details of the support you require (e.g. larger text on hand-outs, specialist equipment or materials.)

3: I WILL need additional help to evacuate the building in the event of an emergency evacuation or fire drill.

If you ticked this box, please also tick a box below to indicate the additional help in evacuation will be provided by your care worker and the contact number

4: YES, my care worker will help me evacuate	
6: Contact Name/Number :	

N.B. Any lifts in the building will not be available during an evacuation or fire drill.

Signed:	Dated:
NAME:	Venue:

