



Facilitation and Support Form

Introduction

You have indicated that you have additional needs that we need to be aware of while you are in your role as a representative of the OU Students Association and when taking part in meetings and events in Milton Keynes. Please complete and submit this form in order to provide us with the relevant information about what those needs are. On receipt of this form, you will be contacted by a member of the staff team in order to discuss the details you have provided and explore the options that we are able to offer.

We take your privacy seriously and will only record and store, in a confidential and secure manner, any pertinent information that you provide. Our policy is to support student representatives in the best way that we can, which will include making reasonable adjustments where this is possible.

We will do our best to accommodate your needs, but there may be occasions where we are unable to do so. In these cases, we will clearly set out what we are unable to provide and will offer alternative options where we can, which may include attending an event online.

Finally we will provide you with the outcome of our discussion in writing in order to confirm its accuracy.

Section A: Students Details

Name:.....

Address:
.....
.....

Contact Tele. No:

Email:.....

Student PI

Section B: Requirements

1. Mobility

- a) Do you use a wheelchair? YES NO
- b) Will you be bringing a wheelchair with you to Campus? YES NO

If no:

How will you manage without one?

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- c) Do you use a scooter? YES NO

If yes:

Will you be bringing your own? YES NO

If no:

How will you manage without one?

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- d) Do you use crutches? YES NO

- e) Do you require a ground floor bedroom YES NO

- f) Do you require adapted accommodation (e.g. wetroom, bathtub, grab handrails) YES NO

If YES to any please give details:

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2. **Access**

a) Do you require any special seating arrangements in order to participate in meetings?

YES NO

Please give details.

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c) Do you require a special seat?

YES NO

If yes, what type:

- | | | |
|--|-----|----|
| 1. Office chair/upright/lumbar support | YES | NO |
| 2. Different size seat | YES | NO |
| 3. Chair with arms | YES | NO |
| 4. Other..... | | |

d) Do you have difficulty with:

- | | | |
|------------------|-----|----|
| 1. Stairs | YES | NO |
| 2. Distances | YES | NO |
| 3. Rough terrain | YES | NO |

If YES to any, how can we help/assist?

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3. Transport

a) How will you be travelling to Milton Keynes? (e.g. bus, train, plane, car)

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b) Do you require reserved parking close to the venue? YES NO

c) Will you need access to the vehicle for any reason during the event?
YES NO

c) Are there any special requirements for transport between the campus and other locations that we need to be aware of? YES NO

If YES to any, how can we help/assist?

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4. Communication

a) Do you require written materials in any special format?

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b) Do you require an induction loop or any other communication support?
YES NO

If YES, please give details:

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Contact telephone number:

Email address:

Relation to you:

Would you like us to contact your helper to discuss your requirements YES NO

If YES, What is the best time to contact them?.....

a) What do you require assistance with?

- | | | |
|---------------------------------|-----|----|
| 1. Note taking | YES | NO |
| 2. Mobility | YES | NO |
| 3. Confidence/social situations | YES | NO |
| 4. Mealtimes | YES | NO |

5. Other, please specify

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b) Will you require any occasional support?

- | | | |
|--|-----|----|
| 1. With luggage on arrival and departure | YES | NO |
| 2. With carrying trays and queuing for meals | YES | NO |

c) Will you be bringing a support/assistance dog? YES NO

If YES:

Can you please provide the registration certificate for your dog? A copy of this should be sent by email to ousa@open.ac.uk or by post to OUSA, PO Box 397, Walton Hall, Milton Keynes, MK7 6BE.

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Please note we will provide details of the dog walking areas available when you are in attendance at meetings. You will be responsible for bringing all food and other items for your dog

7. Dietary

Please give us details of any food allergies, special diets or eating disorders:

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Please note that vegetarian food can be offered as a substitute to Halal food

If yes to allergy:

What would happen if you ate that food? What would be the worst case scenario?

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Do you carry an EpiPen? YES NO
If YES, are you able to administer it yourself YES NO

8. Medical conditions

a) Do you have any have any medical conditions that we need to be aware of:

YES NO

If YES, Please give us details and how you will manage your medical conditions:

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b) Do any of the following apply to you?

1. I carry insulin YES NO

- 2. I carry a Zap-Tag (secure medical record card) YES NO
- 3. I have an Advanced Directive (DNR) YES NO
- 4. I have a Lifeline (DNACPR) YES NO
- 5. I suffer from epileptic seizures YES NO
- 6. I carry a medical alert card, or band,
or bracelet, or tag (or other) YES NO

Please state here.....

If yes to any above, please tell us how we can help:

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IF YES TO DNR OR DNACPR, WE WILL REQUIRE A COPY TO BE SENT TO US PRIOR TO YOUR ATTENDANCE ON CAMPUS

IF YES TO CARRYING A MEDICAL ALERT CARD (OR OTHER), PLEASE BE AWARE THAT IT IS YOUR RESONSIBILITY TO BRING IT WITH YOU TO MEETINGS ON CAMPUS AND ANY OTHER RELEVANT MEDICAL RECORDS.

9. Emergency contact details

a) Please provide us with the details of your emergency contact:

Name.....

Best contact telephone number.....

Relation to you.....

Do you have any further concerns that we haven't covered but that you would like us to be aware of? These might include long or short term illnesses, social issues, mental health challenges etc.

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Please let us know what reasonable adjustments you feel could be made to help lessen these concerns.

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Admin use only:

Follow up phone call:

This form was completed by:

Name of the Staff Member.....

Date.....

Notes: