

## Application for Accommodation on Medical Grounds

Colchester Campus & Southend Campus

## **University Policy**

The Student Wellbeing and Inclusivity Service (SWIS) can recommend campus accommodation for students with a physical disability, sensory impairment, mental health difficulty or medical condition which requires reasonable adjustment considerations.

Availability of adapted accommodation is very limited and will usually be reserved for wheelchair users. Allocation is available for **single rooms** only, other accommodation can be requested but, not quaranteed.

### **Eligibility**

You can apply if:

- You are a full time, currently registered student at the University of Essex or a new student applying for the accommodation bursary towards en-suite / adaptations
- and your condition requires reasonable adjustments within campus accommodation
- and you can provide supporting evidence

### **Accommodation Bursary**

If because of the nature of your impairment it is **essential** that you have either adapted accommodation (e.g. wheelchair users) or en-suite bathroom facilities you can apply to be considered for an accommodation bursary which will give you a reduced rental rate for your accommodation.

### How to apply

All students should complete Sections 1, 4 and 5 to apply for accommodation on medical grounds. Only students who believe they are eligible for the disability bursary should also complete section 2. Only student's registered with the University Health Centre need complete section 3.

Return your completed application form by email to <a href="mailto:include@essex.ac.uk">include@essex.ac.uk</a> and provide supporting medical evidence.

#### **Medical Evidence**

Medical evidence is required to support your application. The university is **only** able to request evidence if you are registered with the University Health Centre (Colchester). If you are registered with another doctor please ask them to provide medical evidence to support your application and submit this with your form. The university is not responsible for fees in relation to obtaining any evidence.

#### Deadline

You may apply for accommodation on medical grounds at any time however we cannot always guarantee your preferred accommodation, once the academic year has started.

REMEMBER: You will need to re-apply for accommodation with Student Wellbeing and Inclusivity Service every year unless otherwise instructed.

# Section 1: Personal Details (Editable PDF Form - save own copy first)

From what date ar	e you requesting accomm	nodation for:			
Personal Details					
Family Name:		First Na	ıme:		
Prid:		Date of			
e-mail:		Mobile			
What year of your c	ourse will you be in?				
Nature of Condition	ow the nature of your condit	ion and provide	brief details of	the way in whic	ch this affects
your on campus livi	ng arrangements.				

# **Section 2: Accommodation Bursary**

Only complete this section if you wish to apply for the bursary, a rent subsidy. You may be eligible if the nature of your impairment will require either adapted accommodation (e.g. wheelchair users) or it is **essential** for you to have en-suite bathroom facilities because of your condition.

The bursary subsidy for the year 2024/25 will be a reduction of £51.66 per week in rent.

Adaptations What adaptations are essential to meet the needs of your impairment? Please detail below
En-suite Bathroom Facilities
Only if en-suite facilities are essential because of your impairment will you be considered for the bursary towards the additional cost of an en-suite room. All students may request en-suite facilities as their preference, however only those meeting our strict criteria will be considered for the bursary. You will need
to provide medical evidence of your need.
Please state below why it is necessary for you to have en-suite facilities?

## Section 3: Providing evidence to support your application

You must provide supporting evidence from your doctor/consultant.

ONLY if you are registered with the University Health Centre, can we apply for medical evidence on your behalf. The form that we send to them asks for information on your need for accommodation and any other support needs. If you wish for us to do this, please complete the consent below.

### Consent for the University Health Centre to liaise with Student Wellbeing & Inclusivity Service

Full Name:		Date of Birth	1:					
I authorise the disclosure of information from my medical records to the Student Wellbeing and Inclusivity Service, University of Essex in regard to my support needs.								
Signed:		Date:						

If you do not already have evidence and are registered with a different doctor you may wish to give them our medical evidence form to complete. Please email us on <a href="mailto:include@essex.ac.uk">include@essex.ac.uk</a> for a copy. The university is not responsible for any fees associated with securing your evidence.

## Section 4: Declaration (to be completed by all applicants)

- The University is registered with the Information Commissioner's Office as a
  Data Controller. For further information about your data please see our
  privacy online https://www.essex.ac.uk/student/my-essex/privacy-notice-students
- Information on eligibility and requirements will be passed to the accommodation team
- The SWIS team may contact you in regard to other support available if this is the first disclosure of your condition

I declare that the information I have given on this form is correct and complete to the best of my knowledge and I understand that giving false information will disqualify my application.

I give my consent to the University holding the data on this form for the purposes of assessing entitlement to accommodation on campus. Tick the box to confirm you understand this declaration

Full Name:	Date:	

All applicants should now complete Section 5 with the details of your preferences for accommodation. This is the information that will be shared with the accommodation team should your application be successful.

Once complete please save your own copy of this form and then email it along with your medical evidence to <a href="mailto:include@essex.ac.uk">include@essex.ac.uk</a>

# **Section 5: Individual Needs - Accommodation on Medical Grounds**

Personal Details:											
Family Name:				First Na	me:						
Prid No:				Date of Birth:							
Nationality:				Status/y	Status/year:						
Mobile No: Em						( )		-\			
Individual Requirements/ Adaptions: (tick relevant boxes)											
I have difficulties with:	Stairs Walking even short distances (ie: to Quays/Meadows)										
My doctor recommends en-suite accommodation:					Yes				N	0	
Mobility Informa	ation					He	aring	Infor	mation		
I am a wheelchair user					I have difficulties: Hearing audio alarms at night						
I need assistance opening doors  Hearing visitors at the door											
Other adaption requirements:											
Please select your choices in order of preference 1 - 3, 1 being your first choice. Every effort will be made to offer you one of your preferences, however we cannot guarantee it.  Undergraduate Preferences:  Southend Uni Square											
South Courts				owers	North Towers			North Towers	,		
The Houses	The Mead Townhous			adows		The Meadows (ensuite)					
University Quays	3			The Cop	se	,			The Pastures	;	
Postgraduate Preferences:											
	ı ıcı	- CIIC							The Meadow	•	
North Towers			1000	(ensuite) South Courts							
University Quays	ity Quays The Houses Adapted rooms only					Adapted rooms only					
Other Preferences:											
Do you prefer a single gender flat?											
Please note that single gender flats are not guaranteed							Yes No				
Any other prefere	ences	3									
(e.g. premium, enhanced)?											
Check out the Terms & Conditions for residency and current costs at											
http://www.essex.ac.uk/accommodation/payments/rent/default.aspx											