**Accommodation Additional Requirements Form 2024 - 2025**

This form must be completed and uploaded with your evidence as part of your accommodation application if you have an additional requirements or medical need that will impact the allocation of your room in university provided accommodation.

##

## **Declaration**

**How we use your personal data**

All personal data is held securely by the University and will bestored and used in compliance with the Data Protection Act 2018 and the General Data Protection Regulation (EU) 2016/679. We will not divulge your information to any third parties apart from applicants who are assigned a place with one of our Nomination accommodation providers for purposes of contact and contract details.

We may recommend disclosure of relevant information to the appropriate personnel to ensure your support across the University.

These can include:

* Residence Life team (ResLife)
* Director of Campus Services
* Head of Student Support
* Student Money Advice, Disability Service, Wellbeing Service
* Security staff
* Medical Centre
* SU Advice & Support
* Your academic supervisor or personal tutor

We will advise you if we feel it is necessary to make any further disclosures to other personnel not listed above. The University cannot guarantee to arrange appropriate support if adequate disclosure of disability or medical history is not made in writing at the time of application.

## **Signature and agreement**

By signing the agreement section below, you agree to us holding and disclosing personal and statistical information in appropriate ways. You also confirm that the information you have provided is true and correct at the time of submitting your application.

Name (Block capitals): Date:


## **Applicant details**

First name:

Family name:

Preferred name:

Date of birth:

Gender:

Contact number:

Email address:

## **Study details**

Student type: **Undergraduate** [ ]  **Postgraduate** [ ]

University of Bath Student ID no:

Course:

Year of Study:

## **Facilities you require because of your medical condition or disability**

Please provide details of any medical condition or disability that you would like us to be aware of when allocating your accommodation.

Please describe how the condition(s) you have listed above impact on your day to day living (please ensure this is complete to enable us to allocate according to needs):

You will select your accommodation preferences as part of the accommodation application. This part of the form is to provide details about your additional accommodation requirements.

For each of the facilities listed below, please select ‘Yes’ if you require the facility because of your condition or ‘No’ if you do not require it because of your condition. You will need to detail the reason for all the facilities that you select as ‘Yes’. This should also be supported by the medical evidence that you provide to us.

Due to my additional requirements or medical needs, I require:

**On campus accommodation (opposed to university accommodation in the city).** **Yes** [ ]  **No** [ ]

Reason:

**Self-contained studio room including own kitchen storage, food preparation area and cooking facilities. Yes** [ ]  **No** [ ]

Reason:

**Bedroom with private wash hand basin. Yes** [ ]  **No** [ ]

Reason:

**Bedroom with an ensuite. Yes** [ ]  **No** [ ]

Reason:

*If you require ensuite bathroom facilities or a self-contained studio due to your condition but the additional cost of these rooms would put you in financial difficulty, we can provide you with information about applying for* *the* ***Ensuite Accommodation Support Fund.*** *Further aid can be sought from the* [***Hardship Fund***](https://www.bath.ac.uk/professional-services/student-money-advice/)*. Would you like us to send you this information?* ***Yes***[ ]  ***No***[ ]

**Accommodation suitable for an assistance dog, emotional support/therapy animal Yes** [ ]  **No** [ ]

Reason:

**Accommodation that includes Eat and Drink credit. Yes** [ ]  **No** [ ]

Reason:

**Large room. Yes** [ ]  **No** [ ]

Reason:

**Ground floor room. Yes** [ ]  **No** [ ]

Reason:

**Small kitchen group. Yes** [ ]  **No** [ ]

Reason:

**Wheelchair accessible room. Yes** [ ]  **No** [ ]

Reason:

**Shower chair. Yes** [ ]  **No** [ ]

Reason:

**Motorised door opening device on external doors to building. Yes** [ ]  **No** [ ]

Reason:

**Accommodation near a disabled parking bay for blue badge holders. Yes** [ ]  **No** [ ]

Reason:

Please be aware that parking permit applications need to be made through the security team.

[Security (bath.ac.uk)](https://www.bath.ac.uk/professional-services/security/)

**An additional room for a support worker/carer. Yes** [ ]  **No** [ ]

Reason:

**Small personal fridge in my room for medication or special dietary food. Yes** [ ]  **No** [ ]

Reason:

**Fire alarm activation aid (flashing light and vibrating pillow). Yes** [ ]  **No** [ ]

Reason:

**Braille signage within the accommodation. Yes** [ ]  **No** [ ]

Reason:

**Long/double bed for a physical need.** **Yes** [ ]  **No** [ ]

Reason:

If there are any other facilities or adaptations you require within your accommodation, please provide details below.

Please also provide details of any specific equipment you would need to bring with you.

## **Emergency evac****uation**

As part of our emergency evacuation procedures, we need to ensure that all occupants can leave their accommodation safely at all times of the day or night. We can agree for a personal emergency evacuation plan that will provide appropriate assistance based on your needs. This plan will be shared with all relevant accommodation and security departments for use in the event of an emergency.

Please select the statement that applies to you. In the event of an emergency:

[ ]  I could evacuate my room without assistance at any time of day or night. I therefore do not require a personal emergency evacuation plan (PEEP).

[ ]  I would require assistance to evacuate my room at any time of day or night. I therefore require a personal evacuation plan (PEEP) to be agreed prior my arrival.

**If you have selected that you require a PEEP, please complete the following:**

Are you a temporary or permanent wheelchair user?

Yes – temporary [ ]

Yes – permanent [ ]

No [ ]

Do you find stairs difficult to use?

Yes [ ]

No [ ]

Do you have a condition that could cause you to become confused on hearing the fire alarm in the event of an emergency?

Yes [ ]

No [ ]

Do you suffer from epilepsy that could be triggered by flashing lights or loud alarms?

Yes [ ]

No [ ]

If there is any other reason why you would find it difficult to evacuate your room quickly in the event of an emergency, please provide details below:

## **How to submit evidence**

**First Year applications**

Please also supply written medical evidence from your Health practitioner dated within the last year (lifelong conditions that do not fluctuate can be dated longer ago) to support your request for University Accommodation and upload along with your completed form to your accommodation portal through the ‘Additional requirements upload and Account details’ menu option.



**Other student applications (e.g insurance or restarter applications)**

If you are not eligible or unable at this time to complete an online accommodation application, please also supply written medical evidence from a health practitioner, preferably dated within the last year (lifelong conditions that do not fluctuate can be dated longer ago) and in English to support your request for university accommodation and email it along with your form to reslife@bath.ac.uk

## **Future accommodation**

**Eligibility for university accommodation beyond first year**

If allocated accommodation based on additional requirements, students can apply for university accommodation in their next year through our eligibility process where they feel living in private accommodation will be too much of a challenge. This requires students to complete an additional Eligibility form and submit evidence, which is assessed by the [Disability Team](https://www.bath.ac.uk/professional-services/disability-service/). Forms are sent out the beginning of December and the deadline to return is the end of January.

Please select this box if you would like us to make a note on our system that you may require accommodation for returning years. This is optional and can change with your circumstances.

[ ]  I may require a space in University Accommodation due to my additional requirement or medical need.

## **Appointments**

If there is anything that you would like to discuss further or are concerned about please [book an appointment](https://outlook.office365.com/book/SpeaktotheStudentLivingTeam%40ComputingServices.onmicrosoft.com/) and our team will talk though options available to you. Alternatively, you can call +44(0)1225 383111 or email reslife@bath.ac.uk

Due to GDPR (data protection) we can only discuss your application with you as the applicant directly unless you provide written consent authorising us to be able to communicate with a nominated person. Please send this consent to reslife@bath.ac.uk