**Accommodation additional requirements form 2021- 2022**

## Data protection Information

Thank you for your interest in accommodation at the University of Bath. The information you provide by submitting an application for accommodation may be used to send you information about your room allocation, including a contract of accommodation. We may also send you communications related to accommodation such as payments information, residential induction and arrival. We may also ask for your opinion through surveys, and we will use your responses to improve our service in the future. Students who are assigned a place in catered accommodation may receive information on our eat and drink arrangements. Near to arrival we will add you to a Microsoft team for your accommodation along with other residents, this will be used to keep you informed of activities and events - please inform us if you do not wish to be added. We will keep all your information secure.

We will not give your information to any third parties apart from those applicants who are assigned a place with CRM managed properties, as these buildings are privately managed by CRM, they will need your details to send you a contract of accommodation and liaise with you on matters relating to their accommodation. CRM may also share resident’s data with University of Bath staff and vice versa should the need arise for welfare, support or security purposes.

Because you are providing sensitive personal data we need your permission to store both this data and these records, and to disclose them to others.

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

These can include:

* Student living team including student living support and student living operations.
* Director of Accommodation & Hospitality Services
* Head of Student Services
* Student Funding Advice, Disability Service, Wellbeing Service
* Security staff
* Medical Centre
* SU Advice & Representation Centre
* 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

It is important that you read all [residential rules and terms and conditions](http://www.bath.ac.uk/corporate-information/student-accommodation-application-terms-and-conditions/).

It is not normal practice for the University of Bath to discuss your accommodation fees account details with a third party. However, the institution is often contacted by concerned sponsors/parents with regard to your financial status.

By completing the agreement section below, you agree to us holding and disclosing personal and statistical information in appropriate ways. If you choose not to give us permission to hold or disclose information, please be aware this may restrict the level of support you will receive.

## Signature and agreement

Name (Block capitals): Signature: Date

## Personal details

First name:

Family name:

Preferred name:

Date of birth:

Gender:

Landline number:

Mobile number:

Email address:

## Study details

Student type (Undergraduate/Postgraduate):

University of Bath Student no:

Course:

Year of Study:

## Additional grounds

Please provide details of the medical condition(s) and or physical disability you would like us to be aware of when allocating your accommodation.

Allergies:

## Medical Condition:

## Disability:

Please describe how the condition(s) you have listed above impact on your day to day living:

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

We already have your accommodation preferences from the online accommodation application form that you have submitted. This includes your kitchen group preferences/requirements such as single gender/mixed gender and designated quiet, alcohol free or mature flat so these have already been recorded.

This form is to provide us with information about what other facilities you require because of your condition.

For the list of facilities 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. Please provide a reason for all the facilities that you select as ‘Yes’ you require them. Ideally this should also be supported by the medical evidence that you provide to us.

To select yes or no, click in the box to the right-hand side of the answer you require and it will place a cross in the box for you. If this does not work on your computer, please highlight by underlining either Yes or No instead.

Because of my medical condition/physical disability 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:

**Ensuite bathroom facilities. 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 hardship fund. Would you like us to send you this information **Yes** [ ]  **No** [ ]

**Accommodation suitable for a guide dog. 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 accommodation. 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:

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

Reason:

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

https://www.bath.ac.uk/professional-services/security/

**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:

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

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

## **Emergency evacuation**

As part of our emergency evacuation procedures, we need to ensure that all occupants are able to leave their accommodation safely at all times of the day or night.

We understand that students with additional requirements may be able to leave the building unaided, however some may require some form of assistance.

Therefore, please answer the following questions now, so that any relevant procedures can be put in place either ahead of your arrival, or as soon as possible after your arrival.

This will also help us to allocate you the most suitable room in your preferred complex.

Are you a temporary or permanent wheelchair user?

Yes – temporary [ ]

Yes – permanent [ ]

No [ ]

Need to discuss further [ ]

Do you find stairs difficult to use?

Yes [ ]

No [ ]

Need to discuss further [ ]

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 [ ]

Need to discuss further [ ]

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

Yes [ ]

No [ ]

Need to discuss further [ ]

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:

## **Declaration**

Please select the statement that applies to you.

In the event of an emergency:

[ ]  I could evacuate my room without assistance, and within five minutes of an alarm sounding, at any time of day or night. I therefore do not require a personal emergency evacuation plan.

[ ]  I am not sure if I could evacuate my room without assistance, and within five minutes of an alarm sounding at any time of day or night so I would like to discuss this further.

[ ]  I would not be able to evacuate my room without assistance, and within five minutes of an alarm sounding at any time of day or night. I therefore require a personal evacuation plan to be set up either before or upon my arrival.

Full name:

Signature:

Date:

Please also supply written medical evidence from your Health practitioner dated within the last year to support your request for University Accommodation and return with your completed form to studentliving@bath.ac.uk