# **Staff Referral Form:** Disability and Learning Support Service

**University Staff Use Only**

Please complete this form electronically and email to disability@bham.ac.uk . Alternatively print and post to DLSS, 3 Elms Road, University of Birmingham, Edgbaston, Birmingham B15 2TT.

| **Referrer details** |
|---|
| **Date form completed on** |
| **Referrer name** |
| **Referrer role** |

| **Student personal details** | |
|---|---|
| **Student forename** | |
| **Student surname** | |
| **Student preferred name** | |
| **Student ID** | **Student fee status** ☐ **Home** ☐ **Overseas** |
| **Student's email address** | |
| **Student's telephone number** | |

| **Student course details** | | |
|---|---|---|
| **Course name** | | |
| **Department/School** | | |
| **Year** | **Course** | **Type** |
| ☐ Applicant<br>☐ 1st ☐ 2nd<br>☐ 3rd ☐ 4th<br>☐ 5th ☐ Other | ☐ Full-time<br>☐ Part-time<br>☐ Distance<br>☐ Other | ☐ Undergraduate<br>☐ Masters<br>☐ PhD<br>☐ Other |

| **Please indicate your concerns** |
|---|
| (e.g fieldwork, practical work, access to buildings) |