Student Details Form: Disability & Learning Support Service (DLSS)

Date form completed on	DD-MMM-YYYY
Form completed by (name)	

Student personal details	
Forename	**Surname**
Preferred name	
Student ID	**Date of birth** DD-MMM-YYYY
Fee status home	**Gender** Other
Home address	**Term-time address** (if applicable)
Home phone	**Mobile phone**
Email	**University email** @bham.ac.uk
Preferred contact method	

Student course details				
Course name				
Department/School				
Name of personal tutor (if known)				
Year	**Course**	**Type**	**Funding body**	**DSA in place?**
First	Full-time	Undergraduate	Student Finance England	Don't know
Funding body number (e.g Customer Reference Number)				

Reason for contacting DLSS
Disability disclosed (if applicable)

Student regular availability for appointment at DLSS				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
☐ Morning	☐ Morning	☐ Morning	☐ Morning	☐ Morning
☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon
Other (please provide detail here or overleaf)				

Section to be completed by DLSS staff only **SCR**

Seen by Appointment Date and Time