

**Disability Questions – Equality Prompts for Collaborative Partners**

Disability encompasses: - specific learning differences, medical conditions, autism and mental health conditions

**Partner:**

**Programme Leader:**

**Account Manager (EP):**

**Faculty / UWL:**

**Proposed date of Approval/Collaborative Review**:

Notes:

* To be completed by the Partners Programme Leader/Subject Team
* You need to allow the Disability Services Reviewer 4 weeks to review your equality prompts submission
* A satisfactory response may include an admission that the team doesn’t know, but will do something about it, as a definite plan of action (please indicate how the action plan will be monitored).

Disability Services

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| **Equality Prompts** | **Commentary from Partner / Programme Team** | **Commentary from Disability Services Reviewer** |
| 1. How are disabled applicants encouraged to disclose their disability, medical condition or mental health issue to the college? |  |  |
| 1. How does the college encourage and promote disclosure via publications/open days/applications process? |  |  |
| 1. What processes are in place to engage with disabled applicants’ pre-enrolment? |  |  |
| 1. How does the college ensure that disabled applicants/students are advised about the funding available to them for their disability support for their course – such as Disabled Students Allowances? |  |  |
| 1. How are academic staff at the college alerted to the reasonable adjustments for disabled students within their modules in line with GDPR? |  |  |
| 1. What services are available at the college to meet the Non-Medical Helpers support for disabled students? This will include note takers, mobility supporters, library assistants etc. |  |  |
| 1. What training events are available for staff at the college around Disability/Mental Health related issues? |  |  |
| 1. Other comments |  |  |

Thank you, the prompts have been responded to fully. □

There is more work required regarding these prompts – please see my comments □

**Signed by Disability Services Reviewer**:

**Name of Disability Services Reviewer**:

**Date:**