Section C: Evidence of Disability Form 2016

Instructions for completing this form:

This form has a dual purpose. Some Higher Education Institutions (HEIs) operate individual supplementary admissions routes for students with disabilities. This form is used by HEIs to provide verification of the applicant’s disability and helps to determine appropriate supports at third level.

A number of colleges and universities operate a joint supplementary admissions route known as DARE. This form is also used by DARE to help assess an applicant’s eligibility for DARE. DARE requires an applicant to submit evidence of disability as part of his/her application. An application will not be complete until an applicant provides evidence of his/her disability and educational impact statement by 1 April 2016. More information on DARE is available from www.accesscollege.ie/dare.

Steps to completing this form when applying to DARE:

The table below provides a guide to submitting evidence of your disability.

Applicants who are unsure about the evidence that they need to supply can contact any member of the DARE team. Contact details for DARE are listed in the DARE Application Guide and on www.accesscollege.ie/dare.

Applicants who are submitting the Section C Evidence of Disability Form 2016 should make sure:

- it is has been completed and signed by the appropriate professional AND
- it contains the stamp of the appropriate professional or is on headed paper or is accompanied by a business card AND
- the appropriate professional has filled in all parts of the form AND
- the form is legible.

Remember

- The online Supplementary Information Form must also be completed and DARE Applicants must tick Yes to DARE under Question 1.
- Evidence completed by a support organisation is not accepted as verification of a disability.
- Send the original Evidence of Disability form and Educational Impact Statement by post. Faxed/emailed documents are not accepted.
- Section C Evidence of Disability Form is not a substitute for a full psycho-educational assessment.
- Keep a photocopy of Evidence of Disability documentation for your personal records and don’t forget to retain proof of postage.

DARE applicants must send the Evidence of Disability to:
CAO, Tower House, Eglinton Street, Galway by 17:15 by 1 April 2016.
<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Type of documentation</th>
<th>Appropriate professional</th>
<th>Required age of report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD).</td>
<td>Evidence of Disability Form 2016 OR Existing report.</td>
<td>Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician.</td>
<td>Must be less than three years old i.e. dated after 1 February 2013.</td>
</tr>
<tr>
<td>Deaf/Hard of Hearing: Students may apply under one of the following categories:</td>
<td>Evidence of Disability Form 2016 OR Existing report.</td>
<td>(A) Applicants who have an audiogram: Diagnostic/ Clinical Audiologist registered with the Irish Academy of Audiologists (IAA) or HSE Audiologist OR (B) Applicants who attend a School for the Deaf: Principal of School for the Deaf OR (C) Applicants with a Cochlear Implant: Ear, Nose and Throat (ENT) Consultant OR Cochlear Implant Programme Co-ordinator</td>
<td>No age limit.</td>
</tr>
<tr>
<td>(A) Applicants who have an Audiogram</td>
<td>(DARE does not accept reports from high street retailers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B) Applicants who attend a School for the Deaf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C) Applicants with a Cochlear Implant.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.</td>
<td>Full psycho-educational assessment AND Evidence of Disability Form 2016 OR Existing report.</td>
<td>Psychologist AND Occupational Therapist OR Neurologist OR Chartered Physiotherapist</td>
<td>Psychologist’s Report must be less than three years old i.e. dated after 1 February 2013.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No age limit on Occupational Therapist’s or Neurologist’s or Physiotherapist’s report.</td>
</tr>
<tr>
<td>Type of disability</td>
<td>Type of documentation</td>
<td>Appropriate professional</td>
<td>Required age of report</td>
</tr>
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</tr>
<tr>
<td>Mental Health Condition.</td>
<td>Evidence of Disability Form 2016 OR Existing report.</td>
<td>Consultant Psychiatrist on Specialist Register.</td>
<td>Must be less than three years old i.e. dated after 1 February 2013.</td>
</tr>
<tr>
<td>Speech and Language Communication Disorder.</td>
<td>Evidence of Disability Form 2016 OR Existing report.</td>
<td>Speech and Language Therapist.</td>
<td>No age limit.</td>
</tr>
<tr>
<td>Physical Disability.</td>
<td>Evidence of Disability Form 2016 OR Existing report.</td>
<td>Orthopaedic Consultant OR Other relevant consultant appropriate to the disability/condition.</td>
<td>No age limit.</td>
</tr>
<tr>
<td>Specific Learning Difficulty (incl. Dyslexia &amp; Dyscalculia).</td>
<td>Full psycho-educational assessment.</td>
<td>Psychologist.</td>
<td>Must be less than three years old i.e. dated after 1 February 2013.</td>
</tr>
</tbody>
</table>

**General Practitioner (GP) completing this form:**

Applicants who do not have an existing report and have difficulty accessing the appropriate professional may ask their general practitioner (GP) to complete the Section C Evidence of Disability form. However, the following applies:

- Your GP must have the required information on a clear diagnosis of your disability from one of the DARE appropriate specialists/consultants listed.
- Your GP must provide full details of the specialist/consultant and all other requested information under section 2 of this form.
- If a time limit applies, the diagnosis or reconfirmation of diagnosis from the appropriate professional must have been made within that time limit.
- Your GP cannot supply information where a full psycho-educational assessment is the requirement.

It is not acceptable for the purposes of DARE for GPs to enter their own diagnosis of an applicant’s condition and this will lead to the applicant being made ineligible.
Please complete all sections below in TYPE or BLOCK capitals:

1. Applicant Details

<table>
<thead>
<tr>
<th>Title and Full Name of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>CAO Number</td>
</tr>
</tbody>
</table>

2. Medical Consultant/Specialist

<table>
<thead>
<tr>
<th>Name and Title of Consultant/ Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position / Professional Credentials</td>
</tr>
<tr>
<td>Date of Report</td>
</tr>
<tr>
<td>Date of diagnosis / onset of disability</td>
</tr>
</tbody>
</table>

If form is completed by a GP, GP must tick the following box:

I have sufficient information on file from the appropriate consultant/specialist named above, diagnosing the applicant with one or more of the conditions indicated below:  

If the information is on file, the GP should then complete sections 3-7 as appropriate.

3. Disability Information

Disability Type (please tick primary disability):

- Autistic Spectrum Disorder (including Asperger’s Syndrome)
- ADD / ADHD
- Blind / Vision Impaired
- Deaf / Hard of Hearing
- DCD–Dyspraxia / Dysgraphia
- Mental Health Condition
- Neurological Condition (including Brain Injury, Epilepsy)
- Physical Disability
- Significant Ongoing Illness
- Speech and Language Communication Disorder
- Specific Learning Difficulty
Please state the specific name of the disability or condition (if relevant):

Please state if there are any other disabilities or conditions:

4. History & detail of the Disability/Condition:

   Is the Disability:
   - Congenital □
   - Acquired □

   If Acquired is it:
   - Permanent □
   - Temporary □
   - Fluctuating □

   If temporary or fluctuating please provide further detail:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Prognosis of the Disability/Condition:

   Will the condition:
   - Remain static □
   - Have periods of relapse/remission □
   - Or is it progressive □

   If prognosis is uncertain please give more detail:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
6. Describe measures currently being taken to treat the disability (e.g. medication, therapy etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. If the applicant is Blind/Vision Impaired, state the visual acuity scores, field of vision loss, loss of near vision, central vision or peripheral vision where appropriate:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Where a Consultant has completed this form, Consultant should sign below:

Consultant’s signature ______________________________ Date: ____ / ____ / ____

Official Stamp: This form must be completed and signed by the appropriate professional. In addition it should be stamped or accompanied by a business card or headed paper.

Where the applicant’s GP has completed this form, GP must sign and stamp below:

Name of GP: ______________________________

GP’s signature: _____________________________ Date: ____ / ____ / ____

IMC Number: _____________________________

Official Stamp: If a stamp is not available, this form should be accompanied by a business card or headed paper.