

Evidence of a Disability Form 2022-23

Evidence of a disability is required to support the provision of any reasonable accommodations and disability supports at Maynooth University. Students who do not have appropriate evidence of their disability should forward this 'Evidence of Disability Form' to their Medical Consultant / Specialist to be completed.

When submitting your evidence of disability documentation to the Maynooth University Disability Office, please make sure that it has been completed by the appropriate medical professional for your disability. A list of the appropriate professionals for each disability type (e.g. blind/vision impaired or dyslexia) is provided in the table below.

EU, Visiting or International Students

EU, visiting or international students may register with the Disability Service for supports. Evidence of disability must be provided in English. Evidence of disability not originally in English must be translated by a professionally recognised translator.

International students do not qualify for supports through the Fund for Students with Disabilities. Incoming international, erasmus, visiting or exchange students should apply for funded supports in their home country and/or home university in advance of arrival.

See general admission and support information from the Maynooth University [International Office](#). EU, visiting or international students are advised to consult studentfinance.ie for financial support options.



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List of Accepted Medical Consultants/ Specialists

Type of Disability	Type of Documentation	Appropriate Professional	Age of Report
Attention Deficit Disorder (ADD)/ Attention Deficit Hyperactivity Disorder (ADHD).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician	No age limit
Autistic Spectrum Disorder (including Asperger's Syndrome).	Evidence of Disability Form OR Existing report	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician	No age limit
Blind/Vision Impaired	Evidence of Disability Form OR Existing report. N.B. Evidence from high street retailers not acceptable.	Ophthalmologist OR Ophthalmic Surgeon OR Letter from the National Council for the Blind confirming registration with the council. OR If a student has attended a school for the Blind, a letter on headed notepaper signed by the principal which confirms attendance at the school.	No age limit
Deaf/Hard of Hearing	Evidence of Disability Form OR Existing report N.B. Evidence from high street retailers not acceptable.	(A) Applicants who have an audiogram: Diagnostic/ Clinical Audiologist registered with the Irish Academy of Audiologists (IAA) or HSE Audiologist (B) School for the Deaf: Principal of School for the Deaf (C) Applicants with a Cochlear Implant: Ear, Nose and Throat (ENT) Consultant OR Cochlear Implant Programme Coordinator	No age limit
Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.	Evidence of Disability Form OR Existing report	Occupational Therapist OR Neurologist OR Physiotherapist OR Paediatrician	No age limit
Mental Health Condition	Evidence of Disability Form OR Existing report	Consultant Psychiatrist on specialist register.	Must be less than five years old i.e. must be dated after 1 February 2015 .
Neurological Condition (incl. Epilepsy and Brain Injury).	Evidence of Disability Form OR Existing report	Neurologist OR Other relevant Consultant	No age limit

Type of Disability	Type of Documentation	Appropriate Professional	Age of Report
Physical/ mobility disability	Evidence of Disability Form OR Existing report	Orthopaedic Consultant OR Other relevant consultant appropriate to the disability/ condition	No age limit
Significant ongoing illness	Evidence of Disability Form OR Existing report	Relevant Consultant/ Specialist appropriate to the disability/ condition.	Must be less than five years old i.e. must be dated after 1 February 2015.
Speech and Language Communication Disorder	Evidence of Disability Form OR Existing report	Speech and Language Therapist	No age limit
Specific Learning Difficulty (incl. Dyslexia & Dyscalculia)	Psychological Assessment Report	Psychologist	No age limit

Evidence of Disability Instructions for Completion

- A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form
- This form must be stamped.
- All applicants must complete this form, with the exception of those with Specific Learning Difficulties (e.g. Dyslexia), who must provide a Educational Psychologist's report.

Please complete ALL sections below in TYPE or BLOCK capitals:

1 Student Details

Name of student:
Date of Birth:
Phone Number:
CAO/ Student Number:

2 Qualified Health Professional/Specialist

Name, Title of <u>Consultant/Specialist</u> :
Phone (including area code):
Position/Professional Credentials:
Date of Report:

If you are a GP or other healthcare professional (not a Consultant or Specialist), please tick the box below:

I have a diagnosis on file from the appropriate consultant/specialist named above:

N.B. A copy of the document in which the diagnosis is confirmed must be attached to this form.

The GP or other healthcare professional should now complete Sections 3-7 as appropriate.

3 Disability (to be completed by qualified healthcare professional)

Disability type (please tick)	ADHD	<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	
Blind/visual impairment	<input type="checkbox"/>	Deaf/Hard of Hearing	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Mental Health Condition	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>	Physical/Mobility Disability	<input type="checkbox"/>
Speech and Language Communication Disorder	<input type="checkbox"/>	Significant ongoing illness	<input type="checkbox"/>	Specific Learning Difficulty	<input type="checkbox"/>

Please state the specific name of the Disability

Date of Diagnosis/Onset of Disability

4 Duration of the condition

Duration: Ongoing/Permanent Temporary Fluctuating

5 Impact on the student's ability to study and participate (example, fatigue, concentration, pain, etc.)

6 Measures currently being taken to treat the disability (e.g. medication, therapy)

7 Recommendations for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment, etc.)

8 Where a Consultant has completed this form, Consultant must complete the details below:

Printed Name of Consultant: _____

Signature of Consultant: _____

Date: ____/____/____

Official Stamp: This form must be completed and signed by the appropriate professional and should be stamped with an official stamp.

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



9 Where a GP has completed this form, GP must complete the details below:

Printed Name of GP: _____

Signature of GP: _____

Date: ____/____/____

IMC Number: _____

Official Stamp: This form must be completed and signed by the appropriate professional and should be stamped with an official stamp.

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

