Dear Student,

I am writing to invite you to share key personal medical and disability information, if appropriate, to help you get support and provision for any disability needs and/or to give to emergency medical services if required.

You may already have contacted the University’s Disability Advisory Services (DAS), as recommended in the accompanying Wellbeing letter. Sometimes this can slip through the net when you have so much else to sort out. If we are aware of your needs, we can help you get support early on.

You will also provide your medical details to your College Doctor at Summertown Health Centre, and to Kerry Minton, the College Nurse. These details are kept securely in your confidential NHS records. These are inaccessible to the College, University or anyone else apart from you and your NHS health professionals. It would assist the duty Wellbeing staff to know of major diagnoses such as epilepsy, asthma, diabetes or serious mental health difficulties, to help emergency medical services give you best care out of hours if need.

We treat your personal and sensitive information with the utmost confidentiality, under General Data Protection Regulations (GDPR). Any information you consent to disclose will be held securely and confidentially, and used only to provide wellbeing services for your best interests. It will last as a record only as long as it is necessary for your support.

Whilst the college and university coordinate their services for your best care, we do not pass on confidential information to each other, or to any other departments or individuals, unless you ask us to, or unless there is a strict ‘need to know’. In this case we would ALWAYS discuss this with you to seek your consent and would respect your wish to give or withhold consent. The only situation where we might not be able to seek your consent, or might over-ride your wishes, is when your life, limb or mental state (or that of another person affected by you) is at serious and immediate risk and we have to act to protect you (or their) best interests.

Trinity College, in line with the University, is committed to equality of opportunity and is required by law to provide reasonable adjustments for any disabilities you might have. This request for your consent to disclose to us important information for your wellbeing record whilst at Trinity is to ensure that:

1. **You get appropriate funding and support** to secure reasonable adjustments for your personal and/or learning needs, to help you thrive and develop your fullest potential whilst a student.
2. **To provide emergency medical information about you to the emergency services should that be necessary, particularly out of hours.**

Finally, we do not routinely share personal information about you with your parents/guardian without seeking your express consent. If you know you want us to share such information with your parents/ guardians about serious health or wellbeing matters affecting you, this is an opportunity to provide consent. You can withdraw your consent at any time if you let us know in writing/or by email.

**Request for your Consent:**

**I consent to disclose important information requested below about any disability needs: Y/N**

**I consent to disclose major medical diagnoses/allergies to assist in any emergency care I might need: Y/N**

**I consent to serious health/wellbeing matters affecting me to be shared with my parents/guardians: Y/N**

**Signed: Date:**

|  |
| --- |
| Full Name: |
| Preferred first name (e.g. “Chris”) |

**If you have consented to disclose important about any disability needs:**

|  |  |
| --- | --- |
| Have you been assessed as having any SpLD (e.g. dyslexia, dyspraxia)? If so, please give details of type of SpLD so that we can ensure you receive appropriate support in your studies / any necessary adjustments for examinations | Details: |
| Date of most recent assessment of any SpLD |  |
|  |  |
| Have you any Physical Disabilities/Needs | Details: |
|  |  |
| Have you any Mental Health Disabilities/Needs | Details: |
|  |  |

**If you have consented to disclose major medical diagnoses/allergies:**

|  |  |
| --- | --- |
| Date of Diagnosis (if known) | Condition/Allergy |
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 **If you have given consent to share information with your Parents/Guardian:**

|  |
| --- |
| Home Address of Parents/Guardian  |
|  | Postcode/Zipcode: |
| Their Contact Telephone No |  |
| Their Email address  |  |
|  |  |

**Thank you for completing this form. Please return it directly to the Wellbeing Advisers at Trinity College electronically to** **wellbeing@trinity.ox.ac.uk****.**