**Request for support**

## First name and surname**\***: ……………………………………………………………………………………………………….

## Email\*: ……………………………………………………………………………………………………………

## Telephone number: …………………………………………………………………………………………………………

## Relationship with the University**\*** (tick only one answer):

Student

Doctoral student

Employee

Candidate for studies, Doctoral School, or other form of education

Postgraduate student

Other: ............................................................................................................................................

## Faculty, Doctoral School, or other unit of the University:\*

…………………………………………………………………………………………………………………………………………….

## Field of study (applies to students or candidates), discipline (applies to students of Doctoral School or candidates applying for Doctoral School): ............................................................................................................................................

## Student book number (applies to students): .......................................

## Level of education (applies to students or candidates): (tick only one answer)

First-cycle studies

Second-cycle studies

Long-cycle studies – Master's degree programme

Doctoral School

Doctoral studies

Postgraduate studies

Other: ……………………………………………………………………

## Year of education (applies to students or candidates only) (tick only one answer):

I

II

III

IV

V

VI

Other: ……………………………………………………………………

## Support requested\* (tick all that apply):

Ensuring the accessibility of the university admission process for the purpose of studies, including the recruitment process

Ensuring the accessibility of the learning process, including available teaching materials, foreign language learning, physical education classes

Ensuring the accessibility of the process of verification of learning outcomes such as providing an accessible form (oral form, written form, written form via computer, etc.); providing accessible venues and conditions; providing accessible materials (examination materials, etc.); providing adequate time (extending the time, dividing the examination into parts, introducing breaks during the examination, etc.)

Providing support services, including assistants, specialist transport services

Providing other specialist support, including psychological support

Providing access to assistive technologies (specialist equipment and software), including the lending of assistive technology (rental)

Ensuring availability of conducting scientific research

Ensuring an accessible working environment

Other: ……………………………………………………………………

## Specification of the support requested\*:

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## Justification\*:

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## Period of support\* (tick only one answer):

One-off support

Current month

Upcoming (next) month

Current semester

Upcoming (next) semester

Current academic year

Upcoming (next) academic year

By the end of the period of study or employment

Other: ……………………………………………………………………

## Documentation attached (tick all the correct answers):

Confirming disability (e.g. degree of disability, certificate of disability)

Issued on the basis of educational regulations (such as documents from psychological and educational counselling centres, documents concerning adaptation of conditions or forms of examination taking, documents concerning individual educational and therapeutic programmes)

Medical records

Other: ……………………………………………………………………

**Statements and consents of the requester**

I, the undersigned,

....................................................................................................................................................

declare that I have read the Rules of the **Regulations for the support of persons with special needs at Wroclaw Medical University** and I undertake to abide by them.

I hereby give my consent to the Wroclaw Medical University to provide me with its offer of services (marketing of its own services) by sending information via email to the email address I have provided.\*

## **yes**

## **no**

I hereby give my consent to the Wroclaw Medical University to provide me with its offer of services (marketing of its own services) by sending information via telephone to the telephone number I have provided. \*

## **yes**

## **no**

I hereby declare that I have read the information clause concerning the protection and processing of my personal data by the Data Controller – Wroclaw Medical University, available on the University's website. \*

## **yes**

## **no**

\* tick as appropriate

………………………………………………… (Legible Signature of the Requester)

**Confirmation by an employee of the office for persons with disabilities that the data contained in the request for support are consistent and complete**

date ………………………………………….

**………………………………………………………………………**

**(name stamp and signature of an employee of the Office for Persons with Disabilities)**

**Decision on support** ..........................................................................................

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………………………………………………………….

stamp and signature of the person

making the decision regarding the provision of support