



Application Form - Access Arrangements

Student's Details

First Name: _____ Surname: _____

ID Card No: _____ Date of birth: _____

Address: _____

Locality: _____ Candidate's Contact No: _____

Other Contact No: _____ EU Disability Card No. (optional): _____

Condition/Disability/Impairment: _____

Email: _____

Course of study: _____

Faculty: _____

Year of commencement of course: _____ Part-Time: _____ Full-Time: _____

Have you ever requested access arrangements (AAs) before? _____

If yes, what AAs did you qualify for: _____

Evidence / Reports	
Please mark the evidence / reports attached with this form. Kindly ensure that reports satisfy requirements set in "The University of Malta Access Arrangements, 2018.	
Psychologist's Report	
Psychiatrist's Report	
Relevant Consultant's Report	
Ophthalmologist's Report	
Audiologist's Report & Audiogram	
Rheumatologist's Report	
Occupational Therapist's Report	
Neurologist's Report	
ADSC/MATSEC Access Arrangements Letter	
Speech Language Pathologist's Report	
Other (lease specify):	

Course Access Arrangements	Please tick where appropriate
Copies of lecture note/slides (preferably in advance)	
Recording of lectures	
Flexibility with deadlines for course work and assignments	
Use of relevant equipment during lectures	
Permission to stand during lectures	
Permission to leave the room	
Accessible venue	
Recommendations for external (non- University) support	
Extension for the course deadline	
Assistance from UM Occupational Therapy	

Examination Access Arrangements	Please tick where appropriate
Extra Time which may be used as supervised rest periods/settling down period	
Alternative accommodation/venue away from centre	
Venue with fewer students	
Venue alone	
Enlarged Question Paper A4 to A3	
Practical Assistant	
Scribe / Amanuensis	
Voice activated computer	
Use of a word processor	
Use of a word processor with spell check on (not applicable for language-based exams or exams in Maltese)	
Scripts and exam papers to be taken apart	
Permission to use toilet frequently	
Permission to eat/drink	
Permission to keep hand towel	

Any other arrangement/s that you think may be if support and/or any other comment you wish to add:

Data Protection and Confidentiality

I, the undersigned, have read and understood the ADSU's Data Protection and Confidentiality Statement (<https://www.um.edu.mt/access>), and agree that, in accordance with such Statement:

- (i) UM employees and third parties who are responsible for effecting access arrangements and enabling the provision of the service are informed about my **access arrangements**.
I understand that this is required for the provision of the service. Yes _____ No _____
- (ii) The UM employees and third parties mentioned in (i) are also informed about my **condition/diagnosis**. Yes ___ No ___

Name & Surname: _____ Signature _____

Date: _____