Heart of Yorkshire
Education Group

Heart of Yorkshire Education Group - Declaration of Support Needs

Name: Date of Birth:						
do everything	r telling us that you g we can to support ou give us some mo	you to comp	plete your cours	se!	, ,	
-	ou best describe you	ur learning o	difficulty or disal Mental Health [•		
				Severe/Moderate Learning Difficulties		
			Social and Emotional Difficulties			
	g Impairment		Speech and Communication Needs			
Dyscalculia	y impairmont		Temporary Disability after Illness Prefer Not to Say			
Dyslexia						
•	dition (details below)		Other (details b	•		
Have you pre	an EHCP? a diagnosis or any seriously had any spe			Yes Yes Yes	No No No	
ii yes, piease	e give details fiere					
	e any supporting do		n for these exan	•		n 8 or
diagnosis? I	f so, we will need a	сору		Yes	No	
Do you need	any special equipm	ent?		Yes	No	
If yes, please	e give us more detai	ls here				
securely and w members of ou	on: Information you hav vill only be used to ident ur Additional Support Te t your personal data or	ify your learni am, tutors an	ng support needs. d other College sta	As such it ma iff as appropria	y be shared with ate. For further o	n details on
Signed:				. Date:		
Print Name:						

Please return completed forms to $\underline{\text{AdditionalSupportEnquiries@HeartofYorkshire.ac.uk}}$