

Instructions for Completion of Application Form (Keep this sheet for your records)**Why did I receive this form?**

You received this form because you disclosed a disability/specific learning difficulty by ticking the box "Disability/Specific Learning Difficulty" on the CAO application form.

If I complete the Supplementary Information Form (SIF), will it negatively affect my application in any way? No. Please see page 3 of the 2009 CAO Handbook for further information.

Please complete this form:

(i) to inform all the HEIs of specific supports that you need in relation to your disability/specific learning difficulty and/or

(ii) to be considered through a supplementary admissions procedure operated by the following HEIs AL, CK, DC, DN, DT, GY, LM, MH, NC, TR, MD (please refer to the relevant HEI prospectuses)

Please note students seeking a language exemption for matriculation purposes must contact the relevant HEI Admissions Office and/or the NUI.

How do I complete this Supplementary Information Form? You must;

- Complete all questions on Part A of the form.
- Ensure that the Evidence of Disability Form is completed.
- Ensure that the Second-level Academic Reference is completed.

Who should complete the Evidence of Disability Form?

Applicants with Specific Learning Disability should attach a copy of their Educational Psychologist's Report to the back of the Supplementary Information Form. The Educational Psychologist's Report must be current i.e. carried out within the last **3 years** (Guidelines are available at www.cao.ie). All other applicants must have the Evidence of Disability Form completed by a Medical Consultant/Specialist.

General Practitioner (G.P.) letters will not be accepted as suitable medical evidence.

Examples of recognised professionals for the purpose of the verification of disabilities are given below

Type of disability	Accepted
Blind / Vision impaired	Ophthalmologist
Deaf / hard of hearing	Audiologist, ENT Consultant
Physical / Mobility Disability	Orthopaedic Consultant, Neurologist (consultant) Other Consultant specific to condition
Medical Condition	Relevant consultant in area of condition
Mental health condition	Psychiatrist
Dyslexia / specific learning disability	Educational Psychologist – enclose full report not evidence of disability form
ADD / ADHD & Asperger's Syndrome	Clinical Psychologist / Psychiatrist
Head/Traumatic Brain Injury	Consultant physicians, neurologists, neuropsychologists,
Other disabilities	Relevant medical consultant / specialist

If you have other **relevant supplementary information** in relation to your disability this may be attached **in addition** to the completion of the evidence form by an accepted person.

It is the applicants responsibility to ensure that all sections of the form are completed. Remember to keep a photocopy of your completed application form, Evidence of Disability form and Academic Reference for your personal records.

What happens to the completed form once it is sent to the CAO?

The CAO will forward your information to the relevant HEIs to which you have applied. All information is treated in the strictest confidence.

If I have difficulty in completing this form, who should I contact?

Contact the Disability Service of the Higher Education Institutions that you are applying to. If you require this form in alternative format please contact the CAO directly.

When is the closing date for returning the completed form to CAO?

You must return the completed form to the CAO no later than the **10th March 2009**. HEIs are not obliged to consider forms returned after this date. All documents must be sent to CAO.

Where do I return my completed form?

Please return the completed form, together with the necessary supporting documentation to;

Central Applications Office, Tower House, Eglinton Street, Galway, Ireland.	Phone: 353-(0)91-509800 Web: http://www.cao.ie
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Final Reminder Checklist:**(please tick ✓)**

- 1) Completed **Part A** of Supplementary Information Form
- 2) Completed Evidence of Disability Form **or**
Educational Psychologists' report, as appropriate
- 3) Completed Second-level Academic Reference

It is the applicants responsibility to ensure that all sections of the form are completed. Remember to keep a photocopy of your completed application form, Evidence of Disability form and Academic Reference for your personal records.

Supplementary Information Form - Applicants with a Disability

2009

Distributed by CAO on behalf of Higher Education Institutions (HEIs)

Part A: This form must be completed in Block Letters using Black ink. All questions must be answered. Where appropriate, write 'none' or 'not applicable'. Please do not leave blank spaces for any questions.

Name and address label here

CAO number and return by date label here

(Please tick all that apply and give supporting details / documentation for each.)

1. What is the nature of your disability?

- | | | | |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| Blind / Vision Impaired | <input type="checkbox"/> | Mental Health difficulty | <input type="checkbox"/> |
| Deaf / Hard of Hearing | <input type="checkbox"/> | Physical / mobility disability | <input type="checkbox"/> |
| Medical/Ongoing Health difficulty | <input type="checkbox"/> | Specific Learning Difficulty | <input type="checkbox"/> |
| Asperger's Syndrome | <input type="checkbox"/> | ADHD or ADD | <input type="checkbox"/> |
| | <input type="checkbox"/> | Other | <input type="checkbox"/> |

2. Please describe your disability / medical condition / specific learning difficulty.

In the event of you having more than one disability, please state each and provide verification of all disabilities/ medical conditions and/or specific learning difficulty.

Name of disability/ specific learning difficulty/medical condition/s:

3. Please list any supports you had at second level, and any third level supports you require:

Support Type	Supports you received at second level (please tick) <input type="checkbox"/>	In what years did you receive these supports in second level ?	Supports you may require at third level (please tick) <input type="checkbox"/>
Accessible Accommodation			
Alternative Print Format			
Assistive Technology			
Campus Orientation			
Counselling			
Dyslexia Support			
Examination Support			
Learning Support			
Note-taker			
Personal Assistant			
Sign Language Interpreter			
Transport			
Wheelchair Access			
Other(s) specify			

It is the applicants responsibility to ensure that all sections of the form are completed. Remember to keep a photocopy of your completed application form, Evidence of Disability form and Academic Reference for your personal records.

Part B:

CAO Evidence of Disability Form – 2009

Instructions for Completion:

- **A relevant Medical Consultant / Specialist who has the training and experience with the particular condition / disability must complete this form** (please refer to Instructions for Completion of Application 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 recent Educational Psychologist’s report.

NOTE: Evidence from a General Practitioner / Family doctor, or support organisation is not accepted as verification of disability.

Please complete ALL sections below in TYPE or BLOCK capitals:

1 Student Details

Title and Full Name of <u>applicant</u> :	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Date of Birth:		<input style="width: 100%;" type="text"/>
Phone (including area code)		<input style="width: 100%;" type="text"/>
CAO application number		<input style="width: 100%;" type="text"/>

2 Qualified Health Professional/Specialist

Name, Title of <u>Consultant/Specialist</u> :	<input style="width: 100%;" type="text"/>
Phone (including area code)	<input style="width: 100%;" type="text"/>
Position/Professional Credentials	<input style="width: 100%;" type="text"/>
Date of Report	<input style="width: 100%;" type="text"/>

This report **must be** accompanied by the Qualified Health Professional’s stamp, business card or headed paper:

PLACE OFFICIAL STAMP HERE:

It is the applicants responsibility to ensure that all sections of the form are completed. Remember to keep a photocopy of your completed application form, Evidence of Disability form and Academic Reference for your personal records.

Part B:

3	Disability Information (to be completed by qualified health professional)		
Disability type (please tick)			
Blind / Vision Impaired <input type="checkbox"/> Deaf / Hard of Hearing <input type="checkbox"/> Medical/Ongoing Health difficulty <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Physical / mobility disability <input type="checkbox"/> Mental Health difficulty <input type="checkbox"/> Specific Learning Difficulty <input type="checkbox"/> ADHD or ADD <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please state the specific name of the Disability			
Date of Diagnosis/Onset of Disability			
4	Please Briefly Describe the Course of the Condition i.e. will remain static, may have periods of relapse/remission, may deteriorate.		
Duration: Ongoing/Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Fluctuating <input type="checkbox"/>			
5	How does the disability/medical condition impact on the students' ability to study and participate (example, fatigue, concentration, pain, etc.)?		
6	Please describe measures currently being taken to treat the disability (e.g. medication, therapy).		
7	What recommendations would you make for reasonable adjustments to enable equal participation in Higher Education (e.g. examination accommodations, adaptive equipment etc.)?		
8	Signature and Date		
Consultant's Signature		Date	___/___/___

Part B:

Second Level Academic Reference

It is the applicants responsibility to ensure that all sections of the form are completed. Remember to keep a photocopy of your completed application form, Evidence of Disability form and Academic Reference for your personal records.

Instructions for Completion:

- The applicant's **school principal and teacher or Guidance Counsellor must complete this form**. The form must be completed by the person who is familiar with the intending applicant's educational performance.
- The purpose of completing this form is to measure the academic impact that the student's disability has had on their academic participation and performance at second level.

Please complete **ALL** sections below in **TYPE** or **BLOCK** capitals:

1 Student Details

Title and Full Name of applicant:

Date of Birth:

CAO number

2 School Details

Name of School:

School Phone No (including area code)

School Address

School Roll Number

PLACE OFFICIAL STAMP HERE:

It is the applicants responsibility to ensure that all sections of the form are completed. Remember to keep a photocopy of your completed application form, Evidence of Disability form and Academic Reference for your personal records.

3 Disability Information – please confirm the student’s disability

Disability type (please tick)

Blind / Vision Impaired	<input type="checkbox"/>	Physical / mobility disability	<input type="checkbox"/>
Deaf / Hard of Hearing	<input type="checkbox"/>	Mental Health difficulty	<input type="checkbox"/>
Medical/Ongoing Health difficulty	<input type="checkbox"/>	Specific Learning Difficulty	<input type="checkbox"/>
Asperger’s Syndrome	<input type="checkbox"/>	ADHD or ADD	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Disability detail:

4 Please outline the academic impact of the student’s disability on their attendance at second level: You must indicate whether the impact has been mild, moderate or severe.

Mild Moderate Severe

Provide detail of number of days missed in each academic year 1st to 6th year:

5 Please outline the academic impact (mild, moderate or severe) of the student’s disability on their ability to organise their work, to meet academic deadlines and to manage their time effectively.

Mild Moderate Severe

Provide detail of the academic impact:

6 Please outline the academic impact of the student’s disability (mild, moderate or severe) on their handwriting, ability to take effective notes, general dexterity and fine motor movements

Mild Moderate Severe

Provide detail of the academic impact:

7 Please outline the academic impact of the student’s disability (mild, moderate or severe) on their ability to concentrate effectively, to engage academically and to study and revise and engage with the curriculum

Mild Moderate Severe

Provide detail of the academic impact:

8 Please outline the academic impact of the student’s disability (mild, moderate or severe)

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on their ability to access school buildings and general mobility

Mild Moderate Severe

Provide detail of the academic impact:

9 Please outline any other academic impact (mild, moderate or severe) of the student's disability which has not been previously mentioned.

10 Please outline any supports which the student has received at second level and the effectiveness of those supports e.g. Learning Support, Assistive Technology, Academic Support.

11 Please confirm the examination accommodations granted to the student in the Junior and Leaving Certificate examinations.

	Granted Junior Certificate	Applied Leaving Certificate	Granted Leaving Certificate
Tape recorder			
Word Processor			
Reader			
Scribe			
Spelling and Grammar waiver			
Extra Time			
Special Centre			
Other: Please specify			

12 Signature of School Principal/ Guidance Counsellor and Date

Signature/Position Date: _____

Signature/Position Date: _____

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