

Student Details and Consent Form

Student Details:	
First Name:	Surname:
Date of Birth:	
Mobile Number:	Email:
Programme Title:	
Disability Disclosed:	

Consent:

Please select **Consent to share** or **Refusal of consent to share** outlined below:

Consent to share
I agree that information concerning my specific learning needs may be shared with staff within University College Birmingham and external agencies on a ' need to know ' basis.
I understand my information will be kept confidentially in paper and electronic records in accordance with the Data Protection Act.
<input type="checkbox"/> By ticking this box I consent to information sharing.

Refusal of consent to share
I understand that if I refuse consent, a record of my disability will be kept on record by the Academic Skills Centre but will not be shared with staff within University College Birmingham or external agencies.
I accept this may mean that it is not possible to fully meet my individual needs.
<input type="checkbox"/> By ticking this box I do not consent to information sharing.

Student's signature:	Date: