

Section C:

Evidence of Disability Form 2018

Please return completed pages 4 – 6 only of this form to CAO.

Instructions for completing this form:

This form has a dual purpose. Some Higher Education Institutions (HEIs) operate individual supplementary admissions routes for students with disabilities. This form is used by HEIs to provide verification of the applicant's disability and helps to determine appropriate supports at third level.

A number of colleges and universities operate a joint supplementary admissions route known as DARE (Disability Access Route to Education). This form is also used by DARE to help assess an applicant's eligibility for DARE. DARE requires an applicant to submit evidence of disability as part of his/her application. An application will not be complete until an applicant provides evidence of his/her disability AND Educational Impact Statement by **1 April 2018**. More information on DARE is available from www.accesscollege.ie/dare.

Steps to completing this form when applying to DARE:

This information provides a short guide to submitting evidence of your disability. **This information should be read alongside the information in the DARE Handbook pages 9-24.**

Applicants who are unsure about the evidence that they need to supply can contact any member of the DARE team. Contact details for the DARE team are listed in the DARE Handbook and on www.accesscollege.ie/dare.

- The online Supplementary Information Form (SIF) must be completed and **DARE Applicants must tick Yes to DARE under Question 1 by 1 March 2018.**
- Section B Educational Impact Statement must be downloaded, completed by the applicant's school and submitted by **1 April 2018.**
- Section C Evidence of Disability Form 2018 must also be submitted. Applicants should ensure:
 - it has been completed AND signed by the appropriate professional AND
 - it contains the stamp of the appropriate professional OR is on headed paper OR is accompanied by a business card AND
 - the appropriate professional has filled in all parts of the form AND it is legible.
- Send the original Evidence of Disability form and Educational Impact Statement by post. Faxed/ emailed documents are not accepted.
- Keep a photocopy of Evidence of Disability documentation for your personal records and don't forget to retain proof of postage.

Please Note:

- Section C Evidence of Disability Form is NOT a substitute for a full Psychological Assessment Report.
- Evidence from a support organisation is not accepted as verification of a disability.
- Completion and submission of pages 4-6 of this form are required, pages 1-3 are instructions and may be retained by the applicant or professional.



DARE applicants must send the Evidence of Disability & Educational Impact Statement to:
CAO, Tower House, Eglinton Street, Galway by 17:15 on 1 April 2018

Guide to providing evidence of your disability

Type of disability	Appropriate documentation	Type of professional	Required age of report
Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD).	Evidence of Disability Form 2018 OR Existing report.	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician.	Must be less than three years old i.e. dated after 1 February 2015 .
Autistic Spectrum Disorder (including Asperger's Syndrome).	Evidence of Disability Form 2018 OR Existing report.	Consultant Psychiatrist OR Psychologist OR Neurologist OR Paediatrician.	No age limit.
Blind/Vision Impaired.	Evidence of Disability Form 2018 OR Existing report.	Ophthalmologist OR Ophthalmic Surgeon.	No age limit.
Deaf/Hard of Hearing: Students may apply under ONE of the following categories: (A) Applicants who have an audiogram (B) Applicants who attend a School for the Deaf (C) Applicants with a Cochlear Implant.	(A) Applicants who have an audiogram: Audiogram (B) Applicants who attend a School for the Deaf: Letter confirming attendance from Principal of School for the Deaf OR Evidence of Disability Form 2018. (C) Applicants with a Cochlear Implant: Existing report confirming cochlear implant OR Evidence of Disability Form 2018 (DARE does not accept reports from high street retailers).	(A) Applicants who have an audiogram: Diagnostic/Clinical Audiologist registered with the Irish Academy of Audiologists (IAA) OR HSE Audiologist (B) School for the Deaf: Principal of School for the Deaf (C) Applicants with a Cochlear Implant: Ear, Nose and Throat (ENT) Consultant OR Cochlear Implant Programme Co-ordinator.	No age limit.
Developmental Co-ordination Disorder (DCD) - Dyspraxia/ Dysgraphia.	Full psycho educational report AND Evidence of Disability Form 2018 OR Existing report.	Full psycho educational report from: Psychologist AND Evidence of Disability Form 2018 OR Existing report from: Occupational Therapist OR Neurologist OR Physiotherapist.	No age limit on either document.
Mental Health condition.	Evidence of Disability Form 2018 OR Existing report.	Consultant Psychiatrist on specialist register.	Must be less than three years old i.e. dated after 1 February 2015 .

Guide to providing evidence of your disability Continued

Type of disability	Appropriate documentation	Type of professional	Required age of report
Neurological Condition (including Epilepsy and Brain Injury).	Evidence of Disability Form 2018 OR Existing report.	Neurologist OR Other relevant Consultant.	No age limit.
Physical Disability.	Evidence of Disability Form 2018 OR Existing report.	Orthopaedic Consultant OR Other relevant Consultant appropriate to the disability/condition.	No age limit.
Significant Ongoing Illness.	Evidence of Disability Form 2018 OR Existing report.	Relevant Consultant/ Specialist appropriate to the disability/condition.	Must be less than three years old i.e. dated after 1 February 2015 .
Speech and Language Communication Disorder.	Evidence of Disability Form 2018 OR Existing report.	Speech and Language Therapist.	No age limit.
Specific Learning Difficulty* (including Dyslexia & Dyscalculia).	Psychological Assessment Report	Psychologist	No age limit.

* Applicants with an SLD must also submit attainment scores dated after **1 February 2016**. These should be entered in Indicator 6 of the Educational Impact Statement (see DARE Handbook page 18 or www.accesscollege.ie).

Important note for applicants to DARE with specific learning difficulties.

In addition to a Psychological Assessment Report of any age completed by a psychologist, applicants with a specific learning difficulty **MUST** also have two literacy or two numeracy attainment scores at or below the 10th percentile (Standard Score of 81 or below).

These attainment scores can be from one (or a combination) of the following sources:

- Scores from school-based attainment testing
- Scores from attainment tests carried out by a psychologist.

Testing must have been carried out after 1 February 2016 and all applicants must submit an EIS completed by their school.

General Practitioner (GP) completing this form:

Applicants who have an existing diagnosis but have difficulty accessing the appropriate professional to get confirmation of the existing diagnosis or an updated report may ask their general practitioner (GP) to complete the Section C Evidence of Disability form. However, the following apply:

- Your GP must have a clear diagnosis of your disability from one of the DARE appropriate specialists/consultants listed. **A copy of a document in which your diagnosis is confirmed must be included in your application when using this GP verification.**
- This document must be signed and dated by the appropriate specialist/consultant. If a time limit applies, the diagnosis or reconfirmation of diagnosis from the appropriate professional must have been made within that time limit.
- **Your GP does not need to give you a copy of your entire file – a single document which confirms your diagnosis and is within the time limit (if one applies) is sufficient.**

For the purposes of DARE, only diagnoses made by a consultant/specialist are acceptable. A diagnosis made by a GP alone will not be acceptable and will lead to the applicant being made ineligible.

Section C:

Evidence of Disability Form 2018 Sections 1 – 7

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

1. Applicant details

Title and Full Name of Applicant

Date of Birth

 / /

CAO Number

2. Medical consultant/specialist who made the diagnosis

(GPs should not enter their own details here, see further instructions below)

Name and Title of Consultant/Specialist

Position/Professional Credentials

Date of Report

 / /

Date of diagnosis/onset of disability

 / /

Note for GPs: If form is completed by a GP, GP must tick the following box:

I have sufficient information on file from the appropriate consultant/specialist named above, diagnosing the applicant with one or more of the conditions indicated in Section 3. I have provided the applicant with a copy of a document in which their diagnosis is confirmed and is within the specified time limit (if one applies) for submission with this form.

If the information is on file, please complete sections 2-7 as appropriate.

3. Disability information

Disability Type (please tick primary disability):

ADD/ADHD <input type="checkbox"/>	Neurological Condition (including Brain Injury & Epilepsy) <input type="checkbox"/>
Autistic Spectrum Disorder (including Asperger's Syndrome) <input type="checkbox"/>	Physical Disability <input type="checkbox"/>
Blind/Vision Impaired <input type="checkbox"/>	Significant Ongoing Illness <input type="checkbox"/>
Deaf/Hard of Hearing <input type="checkbox"/>	Speech and Language Communication Disorder <input type="checkbox"/>
DCD-Dyspraxia/Dysgraphia <input type="checkbox"/>	Specific Learning Difficulty (including Dyslexia & Dyscalculia) <input type="checkbox"/>
Mental Health Condition <input type="checkbox"/>	

Please state the specific name of the disability/condition (if relevant):

Please state if there are any other disabilities/conditions:

4. History & detail of the disability/condition:

Is the Disability:

Congenital <input type="checkbox"/>	Acquired <input type="checkbox"/>
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If acquired, is it:

Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Fluctuating <input type="checkbox"/>
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If temporary or fluctuating, please provide further detail:

5. Prognosis of the disability/condition

Will the condition:

Remain static <input type="checkbox"/>	Have periods of relapse/remission <input type="checkbox"/>	Be progressive <input type="checkbox"/>
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If prognosis is uncertain, please give more detail:

6. Describe in detail measures currently being taken to treat the disability (e.g. medication, therapy etc.)

7. If the applicant is Blind/Vision Impaired, state the visual acuity scores, field of vision loss, loss of near vision, central vision or peripheral vision where appropriate

Where a **Consultant** has completed this form, **Consultant** must sign below:

Consultant's signature:

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IMC Number:

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Official Stamp Required:

Where the applicant's **GP** has completed this form, **GP** must sign below:

Name of GP:

GP's signature:

Date:

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IMC Number:

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Official Stamp Required:

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This form must be stamped. If a stamp is not available, this form must be accompanied by a business card OR headed paper.