

**Additional Information about students with a hearing impairment**

**Student Name:**

Click or tap here to enter text.

**Student ID:**

Click or tap here to enter text.

**Course:**

Click or tap here to enter text.

**Your Hearing Impairment**

Can you please confirm the name of your hearing impairment?

Click or tap here to enter text.

How long have you had a hearing impairment?

Click or tap here to enter text.

Can you please explain how your hearing is affected?

Click or tap here to enter text.

Do you use a personal hearing instrument? For example, hearing aid, cochlear implant, bone anchored, tactile device

Click or tap here to enter text.

Can you lip read?

Click or tap here to enter text.

Do you use sign language?

Click or tap here to enter text.

**Accessing Campus**

Can your hearing device connect to a hearing loop system?

Click or tap here to enter text.

**Accessing Your course**

Do you require any supplementary material to reinforce concepts of the curriculum? For example, charts, vocabulary lists, lecture outlines

Click or tap here to enter text.

Would you able to hear the fire alarm when in a lecture?

[ ]

What software and technology are you currently using to assist you?

Click or tap here to enter text.

Please tell us about any exam access arrangements that you have had previously.

Click or tap here to enter text.

Please let us know if you have any concerns about accessing your course (lectures, seminars, course materials, reading list etc.)

Click or tap here to enter text.

**Accessing University Social Activities**

Please let us know if you have any concerns about accessing campus facilities (social spaces, food outlets, library, sports, accommodation etc.)

Click or tap here to enter text.

Please provide any additional information that can help us support your studies.

Click or tap here to enter text.