DISABILITY DISCLOSURE FORM

DISABILITY DISCLOSURE CONFIDENTIALITY AGREEMENT FORM

This form should be completed if a student is disclosing their disability to the Academy for the first time; or a student has already disclosed a disability but wishes to change the level of confidentiality assigned to the disclosure. Staff should ensure they are familiar with the Disability Disclosure Policy before completing this form.

1 Purpose

The purpose of this form is to:

Ensure that members of staff and students who need to know about a student's disability to make reasonable adjustments are passed relevant information. The Academy is obliged, under the Equality Act 2010, to make reasonable adjustments to ensure that disabled students are not placed at a disadvantage because of their disability. Some adjustments can only be put in place if the Academy knows about a student's disability.

Provide written confirmation from a student about the level of confidentiality they wish to be assigned to the disclosure of a disability, in accordance with the Data Protection Act 1998.

2 Levels of confidentiality

The levels are:

Consent to share - staff: the staff who reasonably need to know, for instance to teach or support the student effectively, can be given the information necessary to perform their role. The information will be kept confidential to those staff.

Consent to share - staff & students: in addition to the above, it may often be necessary for information to be shared with other students when working on collaborative projects or productions. The information will be kept confidential to these staff and students only.

Complete confidentiality: access is restricted to the person to whom the student disclosed their disability, but it has been explained to the student that the member of staff to whom they have disclosed may need to discuss their disclosure with their manager. This may limit the adjustments which can be made, and some adjustments may be impossible. Alternative adjustments may be possible that that ensure the disclosure remains private while still meeting the needs of the student as far as reasonably possible.

If a student wishes to discuss confidentiality with a Support and Equality Officer before completing this form, please contact the Academy Manager who will request this support from our collaborative provider.

STUDENT DECLARATION STUDENT DETAILS

Name:
Student Number:
School :
Programme of study:
Nature of Disability/disabilities:

Consent to share - staff (TICK IF THIS IS THE LEVEL YOU CHOOSE)

I agree that the information in this form can be made available to relevant Academy personnel or other

related professionals who need to know for the purpose of (a) making appropriate provision for me to study at the Notting Hill Academy of Music and or (b) equality and diversity monitoring.

Consent to share - staff & students: (TICK IF THIS IS THE LEVEL YOU CHOOSE)

I agree that in addition to staff as detailed above, the information can also be made available to students with whom I am working on collaborative projects or productions. I understand that the Programme Leader will raise this matter with me if they feel it is appropriate and necessary.

OR

Complete confidentiality: (TICK IF THIS IS THE LEVEL YOU CHOOSE)

I do not wish the information in this form to be passed on to anyone else but understand that the person to whom I have disclosed may need to discuss my disclosure with their manager. I understand that this may limit the adjustments which can be made for me.

I understand that there may be circumstances in which a member of staff may ignore my request for confidentiality if they have a concern over my safety or that of another student or member of staff.

Please tick next to the level of confidentiality you require.

Student Signature:
Date:

For staff completion

Possible adjustments identified and/or actions agreed:

Please use this space to indicate any specific needs or adjustments that have been identified, and any action agreed, regardless of the level of confidentiality required:

Staff Name:
Staff Signature:
Date:

What happens to this form?

Where a student has given consent to share, forward the form to the Academy Manager who will contact the student to assess the student's needs.

Where a student requests complete confidentiality, the member of staff may discuss the disclosure with their manager and if appropriate discuss further with the student. The form will then be:

- forwarded confidentially to the Academy Manager.
- The Academy Manager will confirm receipt of the form.
- A copy of this form should be given to the student for their records.
- A copy of the form should be retained by the member of staff until the confirmation email is received. No forms should be kept in either private or NHAM email software once the confirmation email is received from the Academy Manager. The Academy Manager will keep this form confidentially and securely and all staff should delete email attachments containing this form.

Note: All personal data is processed in accordance with the Data Protection Act 1998.