

Graduate student, and may take legal action against me.

3. I certify that I am the original and sole author of all work submitted as part of this application, except where clearly indicated otherwise.

4. I understand that if my application is unsuccessful, the papers relating to it will be destroyed and the University will not return them to me under any circumstances.

Signature:

Date:

The University is required by the Higher Education Statistics Agency to collect some of the above information for the purposes of their statistical returns. Information given in this application will be used to form part of a computerised record.

Please note that if you are going straight from your PGCE to your MEd year your passwords from your current year will still be used. If you are skipping a year you will need to use the web form at <https://jackdaw.cam.ac.uk/signup/> and when asked for your registration code, use your GTTR number. This will need to be done from a University Computer.

Disclosure of disability or medical condition

I have or I am (tick one box only)*:

No disability (00)	Unseen Disability eg: diabetes, epilepsy, asthma. Please indicate the nature of your disability below. (07)
Blind/Partially Sighted (02)	Multiple Disabilities (08)
Deaf/Hearing Impairment (03)	Autistic Spectrum Disorder (10)
Wheelchair User or Mobility Difficulty (04)	Specific Learning Disability eg: dyslexia (11)
Personal Care Support (05)	Disability not listed above (96)
Mental Health Difficulties (06)	Information refused (99)

Please provide further details of the condition you have indicated above. Please include any specific support needs you have and what support you received during your previous studies. Please also indicate whether you were in receipt of Disabled Students Allowance (DSA).

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Please note that by signing this declaration, you are giving your consent for the information on this form to be shared with others in the Faculty (strictly on a need to know basis). This is to all us to meet your support needs as effectively as possible.

Name Course

Address Postcode

Signature Date

Please return to:
Higher Degrees Office, Faculty of Education, 184 Hills Road, Cambridge CB2 8PQ