**Access Solent Consent form**

|  |
| --- |
| Name: |
| Student number (if known): | Date of birth: |
| Declared diagnosis: |

# **Access Solent Data Protection statement:**

To set up support we share information on a need-to-know basis with Solent University staff & trusted, relevant third parties, including but not limited to: student funding bodies, support & education providers, social workers or social care teams, NHS continuing care teams, personal carers, health & diagnostic professionals, hospital or community health teams, occupational therapists, GPs. Information is shared before commencing studies as part of setting up support.

Legal frameworks are in place to protect the sharing of data to these third parties.

Information about support is stored confidentially & securely on a Student Services system. We recommend you encrypt emails before sending sensitive information.

## **Solent University Data Protection:**

Anyone who has accepted an offer or enrolled on a course agrees to Solent University’s [Data Protection Policy](http://www.solent.ac.uk/about-us/the-university/data-protection-foi.aspx), [Terms & Conditions](https://www.solent.ac.uk/about/our-policies-and-legal-information/terms-conditions-undergraduate-and-postgraduate-courses), & [Student Privacy notice](https://students.solent.ac.uk/official-documents/policy-governance-and-information/student-privacy-notice.pdf). Students must adhere to Solent University's existing policies & procedures such as health & safety, confidentiality & safeguarding.

You have the right to amend data & withdraw your consent to sharing disability data. If you withdraw your consent, we may be unable to meet your support needs.

## **Health & safety:**

During a fire or emergency, students must follow the [Solent Fire Evacuation Procedure](https://students.solent.ac.uk/official-documents/estates-and-facilities/generic-fire-evacuation-plan.docx), unless you have agreed a Personal Emergency Evacuation Plan (PEEP) with the University. Without a PEEP, you are responsible for your exit from the building.

If we identify significant health & safety concerns, we will notify you & we will share this information with relevant university staff.

## **Other named contact (optional):**

If you wish Access Solent (only) to discuss your support needs with someone else (e.g. parent, spouse, etc.), include their full name below:

|  |
| --- |
|  |

## **Consent:**

By submitting this form you consent to Access Solent holding & processing your disability information during your university application & studies.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |