

## HEALTH AND DISABILITY REPORT FORM

This form provides the CSC with the information we need to support you during your award. If you have a disability, health condition or study needs that may require special provision or treatment during your award, we strongly encourage you to disclose them in this form, and to be as open and frank about your needs as possible. This will provide the CSC with a clear picture of your needs, so that arrangements can be made for your welfare in the UK. Any sensitive personal data that you provide will be handled with maximum discretion.

This form should be filled **no more than six months** before your arrival in the United Kingdom or whilst on award if requested by the Secretariat.

This form asks you to disclose information about your health. We understand this may be sensitive personal information, and we categorise it as 'special category data.' We require this data for the purposes of providing assistance and reasonable adjustments; all special category data will be held securely with restricted access.

Your data will be protected in accordance with the UK General Data Protection Regulation. The information you provide will not have any influence on your scholarship/fellowship. No information that could identify you as an individual will be published. To find out more, see our Privacy Notice: [cscuk.fcdo.gov.uk/privacy-notice/](https://cscuk.fcdo.gov.uk/privacy-notice/)

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### Section 1: Personal details

Full name	
CSC ID	
Date of birth	
Home Address	
Telephone	
Email address	

## Section 2: Health and disability declaration

In the UK you have rights as a disabled person under the Equality Act if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

Do you have a disability as described in the Equality Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any long-term health conditions or condition requiring regular medication or medical attention? (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have dyslexia, dyspraxia, dyscalculia or any other specific learning difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have a learning disability? (e.g. Down's syndrome)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any mental health conditions, including depression, schizophrenia or anxiety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have a social or communication difficulty such as a speech and language impairment or autism spectrum condition or other neurodiversity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any issues with your mobility or a physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you blind/partially sighted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Are you deaf/hard of hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have a fatigue or pain condition? (e.g. multiple sclerosis)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have a short-term or temporary health condition/requirement? (e.g. broken bone)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you take any regular medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you pregnant? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you likely to need special provision or support for your health or a disability during the period of your award?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Do you have any other long-term health condition not detailed above? (please provide details)	

If you have answered 'yes' to any of the above questions, please complete Section 3: Disability or Health Support Requirements.

If not, please go to Section 4: Declaration and Signature.



Have you informed your university/host institution of your disability or health requirements?

- Yes                       No, not yet                       No, I do not intend to

Have you been in contact with your university/host about carrying out an assessment of your disability or health condition when you arrive in the UK so that they can make reasonable adjustments (such as arranging a note taker in lectures, library assistance, specialist study equipment, documentation in alternative formats) for your study needs?

- Yes                       No                       I don't know

If you are currently or are planning to stay in university accommodation or accommodation arranged by your host, have you informed the accommodation provider of any disability or health related accommodation requirements?

- Yes                       No, not yet                       Not applicable

Do you require any support in your personal life related to a disability or health condition? **Please note that if you have declared a disability a full assessment of your needs and eligibility for additional financial support will be offered by the CSC.**

Specialist Equipment (e.g. wheelchairs, adapted cutlery, assistive technology)	<input type="checkbox"/>
Specialist food (i.e. due to allergies)	<input type="checkbox"/>
Specialist clothing (e.g. incontinence clothing, orthopaedic shoes)	<input type="checkbox"/>
Carer aid	<input type="checkbox"/>
Specialist transport (e.g. wheelchair accessible taxis)	— —

Other (please provide details)

#### Section 4: Declaration and Signature

Please tick the boxes and sign below

- I confirm this declaration provides as accurate a picture of my health and medical needs as I am prepared to give at this point. I understand it is important that the information I provide is full enough to enable the CSC to ensure I am supported and to make arrangements, if need be, for my medical welfare in the UK. I understand that an inaccurate declaration could affect the CSC's ability to offer support should it be required whilst I am on award in the UK.
- If there is any significant change in my health after initially completing this form, I will inform the CSC immediately.

The CSC would like to discuss your requirements with the organisations listed below in order to ensure the support you need is provided. Your data will be handled with utmost sensitivity. Please indicate by signing here if you do or do not give the CSC permission to discuss your requirements with these organisations. You will be contacted by the CSC's Welfare and Immigration Team before contact is made with any other third party (which can only be done with your consent).

I give my consent for the CSC to discuss my requirements with:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Disability Rights UK (to arrange a needs assessment)          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| My host or university (to arrange support for your programme) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The CSC travel provider (to arrange for travel to the UK)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The British Council (for a pre-award briefing, if applicable) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signature:

Date:

Please return the signed form to your Programme Officer **by email**.

We advise that you keep a copy of the completed form for your records.