

Dear Learner,

Enclosed with this letter is a form that asks you to disclose the nature of any disability or learning difficulty that you may have. The purpose of the letter is to explain why we request this information. Kingston Adult Education wants to make sure that it attracts all sections of the local community and uses its resources and facilities to best serve the needs of this community.

The information you provide is confidential and will only be used for general monitoring purposes. Should you request Additional learning Support your permission will be sought before this information is given to anyone else.

Additional Learning Support is provided to help learners achieve their learning goals. We discreetly arrange many types of support to suit individual needs, including, specialist equipment; adapted materials; language, literacy and numeracy help; dyslexia assessments / support; personal assistance.

Should you wish to request additional support please indicate as such on the enclosed form. You will not be contacted about the information you give unless you request additional support.

The better we know the needs of our learners, the better we can meet those needs.

Thank you for the time taken to complete this form and enjoy your course.

NB. This form is sent out automatically to learners who have indicated a disability, learning difficulty and/or mental health problem on enrolment and to those whose enrolment details are incomplete. If you do not consider yourself to have a disability, learning difficulty or a mental health difficulty please ignore the form.

Please return to Julie Bennett, Room 48, North Kingston Centre, Richmond Road, Kingston upon Thames, KT2 5PE, or to the reception area of the centre you attend.

If you require help to complete this form, or would like to receive it in a different format, please call the number shown above.

Kingston Adult Education

Learner name:	Learner number:
Course Code:	Course name:

Could you please indicate below the nature of any disability or difficulty that you have or, if you prefer, use the space provided to describe any disability/difficulty in your own words.

If you feel that you could benefit from Additional Learning Support please indicate this in the box provided.

You will not be contacted about the information contained in this form unless you request support.

Please use the envelope provided to return this form to the reception area at your centre, or post it directly.

If you would like to receive this form in enlarged format, or need help filling it in please ring 0208 547 6700

Disability	✓
Visual impairment	
Hearing impairment	
Difficulty that affects mobility	
Other physical disability	
Other medical condition (eg epilepsy, asthma)	
Emotional/behavioural difficulties	
Mental ill health	
Temporary disability after illness	
Profound or complex disabilities	
Multiple disabilities	
Other	
Learning difficulty	✓
Moderate learning difficulty	
Severe learning difficulty	
Dyslexia	
Dyscalculia	
Other specific learning difficulty	
Multiple learning difficulties	
Other	

Or, describe in your own words.....

Continue overleaf if necessary

Would you like any additional support?

Yes

No

Please tick one.

Signed.....

Date.....

This information is treated as confidential.

Or, describe in your own words.....