**COVID-19 Health Notification
Academic year: 2020/21**

UCP are conscientiously planning for the next academic year and in doing so, we are keen to hear from students with underlying or temporary health concerns to ensure that we can effectively support you.

Please return completed forms to support@ucp.ac.uk for review and processing.

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| --- | --- | --- | --- |
| **Date:** |  | **Student ID** |  |
| **Full Name** |  |
| **Telephone** |  | **Year of Study** |  |
| **Course Title** |  |

**Name of disability/condition(s):**

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| --- |
|  |

**Description of condition/disability:**

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**Have you received any correspondence from the Government or your medical practitioner regarding COVID-19? Yes / N o**

**If so, please provide more detail:**

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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Statement:**

Peterborough Regional College is the data controller in respect of the data collected on this form. We will use your data for the purposes of education, additional learning support and special educational needs, health and wellbeing needs pre-entry, whilst on the programme and for progression. We may share your data externally with appropriate supporting agencies and relevant Local Authority. We may share your data internally with college staff directly involved in providing educational support. We will not disclose your data to any other third parties with the exceptions of: we are otherwise required by law, or where you have given us your consent in advance. A copy of our Data Protection policy is available from reception.