SUPPORT AND ACCESSIBILITY CENTRE
University of Lodz

UNIC

Registration Number / Date (to be completed by employee of Support and Accessibility Centre of the University of Łódź):

_____

Registration form

Student details

Full Name: _____

Date of birth (dd.mm.yyyy): _____

Phonenumber(optional): _____

Your university e-mail(**obligatory**): _____@edu.uni.lodz.pl

Faculty/Doctoral School: _____

Field of study/specialization: _____

Semester: _____

Student ID number: _____

Information on disability certificate (if applicable)

1. Degree of disability
   - ☐ mild
   - ☐ moderate
   - ☐ severe
2. Disability Cause Code(s) from your disability certificate: _____ , _____
3. Type of disability (tick the appropriate box):
   - ☐ visual impairment
   - ☐ hearing impairment
   - ☐ mobility impairment
   - ☐ other (please specify): _____

     _____
4. Mark with an **X** if you want to apply for disability scholarship
   - ☐ Please register my certificate of disability for a disability scholarship application

Information on special educational needs

(for persons who do not hold a disability certificate)

Please describe the nature of your difficulties or additional support needs (e.g. ADHD, dyslexia, autism spectrum condition, mental health condition, or other):

_____

_____

_____

Important notice

We offer many types of support. If you require any of services listed below, please complete and submit the **Support Application Form**.

- opinion regarding reasonable adjustments to the educational process (IOS included),
- alternative forms of assessments and exams,
- psychological support,
- psychiatric support
- educational assistant for students with disabilities and/or special needs
- specialist equipment for studying
- transport support
- other

Consent to the processing of personal data (mandatory).

☐ I confirm that I have read the information regarding the processing of personal data available at: https://www.uni.lodz.pl/en/student-zone/support/academic-support-centre

☐ I hereby consent to the processing of my personal data by the Support and Accessibility Centre of the University of Łódź (CWiD UŁ) for the purposes of registration and the provision of support services, pursuant to Article 9(2)(a) and Article 6(1)(a) of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 (General Data Protection Regulation – GDPR).

Date and applicant's signature: _____

Date and staff member's signature: _____

Print form | Print to PDF

Notes (only for use of the Support and Accessibility Centre)