

About You

Title	Name
Miss	Holly curtis
Gender	Date of Birth
Female	04-02-1991
Email	Mobile
S4907708@bournemouth.ac.uk	07835374609
Preferred method of contact	Preferred Assessment Location
Telephone	Bournemouth University

Home Address

Postcode	
BH15 3PU	
Address Line 1	Address Line 2
30	Winifred Road
Town	City
Oakdale	Poole

Term Address

Postcode	
N/A	
Address Line 1	Address Line 2
N/A	N/A
Town	City
N/A	N/A

Funding Body

Funding body	Customer reference number
National Health Service Student Bursaries	SBA259227

Course information

Course title	Full time/part time/distance learning
BSc Hons Physiotherapy	Full Time
Course delivery methods	Assessment methods
Lectures,Group Work,Science Labs,Placement	Dissertation,Portfolios,Practical Assessments,Verbal Assessments
Total days per week you attend	Total hours per week you attend
2	10-15
Course hardware and software	Post/Undergraduate
PC,Apple Mac	Undergraduate
Course start date	Course end date
19-09-2016	16-06-2019

Institution Details

Institution name	Postcode
Bournemouth University	N/A
Address line 1	Address line 2
N/A	N/A
Town	City
N/A	N/A
Disability advisor contact name	Course leader contact name
Sarah Faulkner	Jonathan Williams
Course contact telephone	Course contact email
01202524111	jwilliams@bournemouth.ac.uk

Disability Information

What disability have you been made eligible for through DSA?	What are the study difficulties experienced due to your disability?
Dyslexia	Concentration Note taking in lectures Understanding assignment briefs Spelling Structure of essays
What type of support have you received in the past?	What equipment do you have access to, to enable your future studies?
N/A	Laptop
Have you been previously assessed for DSA funding ? if "yes" please give the date and details	We will not disclose your identity to your university / college without your permission. However it may be helpful for us to contact your disability officer / course leader for information regarding your course. Please confirm if you are happy to give your permission ?
No	Yes
From time to time we need to set up observations of assessments for quality assurance purpose and for staff training. Do you agree to your assessment being observed ?	Do you agree that all the information you have given in this form is accurate and can be used by the assessor in preparing for your Needs Assessment ?
Yes	Yes

Student Signature -

Date -