**Queen’s University Belfast**

**Diversity and Inclusion Unit**

**Disability Support – Application for Assistance**

## APPLICANT DETAILS

Surname: First name:

Title: Staff No:

School/Directorate/Department:

Internal Mail Address:

Tel Extension: E-mail:

Job Title:

**Post:** Permanent / Fixed Term Contract / Joint Appt / Other\* **Appointment:** Full-time / Part-time\*

*\*please delete as appropriate*

**ASSISTANCE REQUESTED**

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Estimated Cost (please provide official quote)

Recommended Supplier

……………………………………………………………………………………………………………………………….

This application has been completed following discussion with the relevant Head of School/Directorate/Unit.

Applicant Signature: Date:

**SUPPORTING STATEMENT OVERLEAF**

**SUPPORTING STATEMENT (HEAD OF SCHOOL//DIRECTORATE/UNIT)**

After discussion with the member of staff, I confirm that the assistance requested is required to undertake the duties of their current post.

As per the Disability Support Fund terms of reference I also confirm that my department is willing to pay 50% of the cost including vat and request that the Diversity and Inclusion Unit consider meeting the remaining 50% up to a maximum contribution of £300.00

Surname: First name:

Title: Job Title:

Signature: Date:

**Please return form to:**

Diversity and Inclusion Unit

Level 4, Administration Building

Queen’s University, Belfast

BT7 INN

FOR OFFICE USE ONLY

Approved by DIU unit: YES / NO

Approved by: …………………………………………………………………………………………………

Date: ………………………………………………………………………………………………..