



Student Name :

Student ID Number :

Consent to Disclose to Third Party

Statement

London Metropolitan University is committed to ensuring that all students have as equitable an academic experience as possible, and therefore endeavours to work with disabled students to support them during their time on campus.

In line with the Equality Act 2010 (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland), the Universities Disabilities and Dyslexia Service (DDS) will work with disabled students to identify support needs and make reasonable adjustments in order to provide a safe and welcoming environment, in which access to study facilities and student programmes & services is equal for all.

Why are we asking you to sign this document?

The DDS works under the terms of the General Data Protection Regulations (GDPR). Information relating to physical or mental health constitutes personal data. Under the GDPR, explicit permission from the data subject (i.e. the student) must be sought before this type of information is passed on to a third party.

Who will you share my information with?

DDS may need to disclose information about your disability with certain people in order to help support you. This information will only be shared with those that you have explicitly consented to do so. Information with agreed third parties will only be shared in order to help set up support and only with people involved in that process. We always ask that the people with whom we share your information respect your confidentiality and not share this information with any other party.

Under certain circumstances, data may however be released to third parties. This may include for the prevention or detection of crime, for the apprehension or prosecution of offenders, where the disclosure is required by legislation etc.

Fitness to practice

If you are on a professional course such as dietetics or social work, you will be subject to additional fitness to practice requirements prescribed by the professional body. This is administered by your School and may include a requirement to disclose information about your disability or condition. Restricted disclosure may later compromise your professional registration. If your disability or information connected with your disability will put either yourself or another individual in danger through your ability to practice, DDS will be legally required to disclose this information. If you are unsure whether or not this applies to you, or you are concerned about the implications of disclosing a disability, please contact your Disability Adviser.

How will my information be stored?

All records and files containing students' confidential details will be kept on a secure database where all reasonable steps are taken to safeguard information. Access to the records is limited to DDS staff members and authorised members of the University.

Rights to access personal data

Students have the right under GDPR to access personal data which is kept about them in both computer and hard copy files. Any person wishing to exercise this right (Subject Access Request) should do so by submitting their request in writing to the University's Information Compliance Officer.

Further information

<https://www.londonmet.ac.uk/about/policies/data-protection/>

Consent to share (please tick)

Third Party (Internal)	Consent Given	Third Party (External)	Consent Given
Academic School		GP	
Library		Consultant / Psychiatrist	
Estates		SpLD Assessor	
Health and Safety		DSA Needs Assessor	
Exams		Funding Body e.g. SFE	
SMAA		Non-Medical Helper Provider*	
Counselling		Other	
Other			

* A DSA2 letter is sent to students by funding bodies (e.g. SFE) to indicate the DSA support that has been approved. In order to ensure the provision of timely DSA support, the DDS will automatically forward a copy of your DSA2 letter to your appointed NMH provider(s). Should you wish to opt-out of this process please indicate:

I wish to opt-out:

I confirm that I have read and agree with the above conditions. I acknowledge that the University may rely on the consent given until such time as I withdraw my consent in writing.

Student Signature:

Date:

Prepared by (DDS Staff):

A copy of this form will be held with DDS.