The General Data Protection Regulations require the University to inform you that the data on this form will be used for the purposes of improving the management of health and safety in the University and in accordance with legislative requirements. [The SHaW Privacy Notice](https://www.strath.ac.uk/media/ps/safetyservices/campusonly/OHSaW_Privacy_Notice.docx) sets out the important information on how we use, store and share your information.

This form should be completed and emailed to the [michael.moran@strath.ac.uk](mailto:michael.moran@strath.ac.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of person requiring PEEP: |  | | |
|  | Department / School |  | | |
|  | Position: | Choose an item. | Nature of impairment: | Choose an item. |
|  | Persons contact details? (email address/phone number) |  | | |

|  |  |  |
| --- | --- | --- |
|  | Locations | |
|  | Buildings | Room number(s) / floor numbers |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Person requesting PEEP (completing this form): |  |
|  | Dept. Disability Coordinator: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What type of impairment(s) and or condition(s) does the applicant have? | | | |
| Hearing impairment |  | Visual impairment |  |
| Learning disability |  | Learning difficulty |  |
| Developmental disorder |  | Mobility impairment |  |
| Mental health condition |  | Long term illness, disease or condition |  |
| Other condition\* (please comment below) |  | They would prefer not to say |  |
| **\*** If you have indicated ‘Other condition’ above, please identify the nature of their disability:  ​​ | | | |

|  |  |
| --- | --- |
| If temporary – when is their impairment likely to improve? | Choose an item. |
|  | Can this person negotiate stairs (up and down), albeit at a slow pace? |  |
|  | Does this person use walking aids? |  |
|  | Is this person a wheelchair or mobility scooter user? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name(s) of nominated persons to assistant with their evacuation | Are they familiar with relevant emergency fire action plans? | Are they trained in the use of evacuation chair? |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_