



University College Information Form

2018

UniCol

Last Name: First Name: DOB: / /

The information you disclose will help us to help you have a successful year and will remain confidential to the University College Staff.

Alcohol Free Floor Option

Please tick if you would prefer to be roomed on an **ALCOHOL FREE** floor:
We will do our best to accommodate your request but cannot guarantee it.

Dietary Requirements

We can cater for most special dietary needs but not all. You should check with the College before accepting the offer of a place.

The Executive Chef is available to talk to regarding meals and any special needs and you can email him at:

unicol-kitchen@otago.ac.nz

You must indicate below any special dietary requirements. (We do not cater for **Vegan** diets).



Lacto-ovo Vegetarian (will eat eggs & dairy products)

Vegetarian, but able to eat white meats

Food Allergies or other:

Please state:
.....

Indicate Severity?

- High (epipen)
- Medium
- Low

Impairment Information

a) Please disclose any disability/injury/illness you may have i.e. anxiety disorder, eating disorder, mental health issues, learning disability, mobility impairment, vision impairment, hearing impairment, asthma, diabetes, severe allergies, other.

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b) Please describe your needs regarding your disability i.e. Wheelchair access, fridge for insulin, support from the Disability Support Service; Sign Language interpreter, Braille, Epipen etc.

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c) Please describe how you manage your disability/impairment/injury the appropriate option below:

- Completely self-managed.
- Occasional assistance required.
- Weekly assistance required.
- Daily assistance & Monitoring needed.

d) What support to you require from us?