

## Request for additional non-medical help support hours

Student's forename(s)	<input type="text"/>
Student's surname	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Customer Ref No.	<input type="text"/>

Name of person making request	<input type="text"/>
Organisation/institution	<input type="text"/>
Job title	<input type="text"/>
Date of Request	<input type="text"/> / <input type="text"/> / <input type="text"/>

Type of non-medical help	<input type="text"/>
Supplier of support	<input type="text"/>
Hourly rate	<input type="text"/>
Support hours currently agreed	<input type="text"/> Per academic year (or) <input type="text"/> For course duration
Total hours now requested	<input type="text"/> Per academic year (or) <input type="text"/> For course duration

### Reasons for request

Please give specific details of why the current level of support needs to be increased.

Please return this form to [disability\\_adviser@slc.co.uk](mailto:disability_adviser@slc.co.uk).

For internal use

Agreed by:

Date: