



BRITISH SCHOOL OF MARKETING INTERNATIONAL
SPECIAL NEEDS AND DISABILITIES QUESTIONNAIRE

Please fill in and return this questionnaire to tell us about any conditions that you have and help us to conduct a risk assessment, where appropriate.

Personal Information

Title
Family Name
First Name
Date of birth
Email address
Telephone number

If you are the parent, guardian or helper for the student and you are completing this form for them, please indicate your name and relationship to the student:

Parent/Guardian/Helper Information

Title
Family Name
First Name
Relationship to the student
Emergency contact details (Telephone number)
Email address

- Have you ever suffered any serious medical/psychological condition? [YES] [NO]

If so, please tell us about that condition:

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- Are you undergoing a course of medical treatment for a medical condition? [YES] [NO]



- Have you had a serious illness/medical condition/ surgery within the last 12 months? [YES] [NO]

If so, please tell us about that condition:

- Do you suffer from asthma? [YES] [NO]
- Do you suffer from dyslexia? [YES] [NO]
- Do you suffer from diabetes? [YES] [NO]
- Will you bring any medicines with you when you come to study here? [YES] [NO]
- Do you have any allergies? [YES] [NO]
- Is there any food that you are allergic to or cannot eat? [YES] [NO]

Please give us details of this:

- Have you had a tetanus vaccination? [YES] [NO]
If so, in which year?
- Are you partially –sighted/blind? [YES] [NO]
- Can you read a book with normal print? [YES] [NO]
- Can you read what is written on the board in a typical classroom? [YES] [NO]
- Are you able to travel to the college on your own (using public transport or on foot)? [YES] [NO]
- Do you need assistance to travel to the college? [YES] [NO]



- Do you require assistance with bathing? [YES] [NO]
- Will you need door-to-door transfers between your accommodation and the college? [YES] [NO]
**If so, we will add an amount to your invoice to cover this service.*
- Do you have a leg disability? [YES] [NO]

Will a parent/guardian/helper be accompanying you each day during your start at BSMI/in the UK? [YES] [NO]

If so, please give us details:

***Please tell us about anything else that we need to know regarding your special needs:**

Please complete this questionnaire and return it to:

Admission Department/ British School of Marketing International,
4a Westover Road, Bournemouth, BH12BY
Email: duygu@britishschoolofmarketing.com

Important notes:

We regret that any student arriving with a serious medical or psychological condition that has not previously been reported or which requires regular/continuous staff supervision may be asked to leave the college and return home at their own expense and with no refund or fees. In the course of booking a student on a course at BSMI, it may be necessary to pass certain information about the student on to other key staff member at BSMI or official external bodies, such as Bournemouth Borough Social Services. In all cases, we will endeavour to keep these details confidential