**Negotiated Learning Plan**

**Copies provided to:** **Please tick**

Student 

Department(s) 

Disability Advice Team 

LTEU 

Registry 

**Section 1 - Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Student ID Number |  |
| Programme of study |  | Year/Level of study |  |
| Campus/Location |  | Mode of study |  |
| Departmental Signatory  *(Name and Signature)* |  |  | |
| Additional Departmental Signatory  *(for combined honours etc)* |  |  | |
| Departmental Counter-Signatory *(where appropriate)* |  |  | |
| Date of Form Completion |  | Date for Planned Review |  |
| Name of NLP Reviewer(s) |  |  | |
| A) Rationale for form completion *(brief description of student’s circumstances)*  B) Note of the evidence provided by the student to support the NLP |  | | |

**Section 2a – Adjustments to assessment submission schedule[[1]](#footnote-2)**

*Please note any arrangements outlined in this section are considered binding; if a student subsequently is unable to meet the agreed schedule or requirements set out they must ensure they inform their NLP Departmental Signatory in advance*

|  |  |  |  |
| --- | --- | --- | --- |
| Action to be taken | Responsible person or department | Student Signature of agreement | Reviewed on |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 2b – Additional Support [[2]](#footnote-3)**

*Please note any support options outlined in this section are considered advisory and it is the student’s choice whether to access and engage with them*

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Support Services to be accessed | Responsible person or department | Student Signature of agreement | Reviewed on |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 3 – Student’s responsibilities**

I agree that, should my condition alter in a way which may further impact upon my experience whilst studying, I will inform the Departmental Signatory so that my NLP can be renegotiated, as appropriate.

I agree that if I am unable to meet the arrangements set out in section 2a of this form, that I will inform the Departmental Signatory in advance (wherever possible) and request a review of my NLP.

I agree that I will participate in review discussions regarding my NLP, as required, and that I understand should I fail to do so my NLP may become void until such time as I have met with the Departmental Signatory.

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s signature |  | Date |  |

**Section 4 - Disclosure of Personal Information**

# Important

The purpose of this section is for you to give the University permission to liaise with relevant departments/parties within the University about any support facilities you may need. Please sign in the space provided. If you do not sign, information will not be passed on to the department concerned, and this may prevent us from fully implementing the NLP. Please note that in signing this you are also agreeing for this NLP to be retained by the University.

|  |  |  |
| --- | --- | --- |
| Organisation/Department | Reason for disclosure to them | Student’s signature |
|  |  |  |
|  |  |  |

|  |
| --- |
| Summary of information to be disseminated: |

1. Where section 2a has been completed, a copy of the document should be forwarded to the Registry by the Departmental Signatory [↑](#footnote-ref-2)
2. Where section 2b has been completed, a copy of the document should be forwarded to Disability Advice Team and/or LTEU by the Departmental Signatory [↑](#footnote-ref-3)