Section C: Evidence of Disability Form 2027

Please return completed pages 4-6 only of this form to CAO.

Instructions for completing this form

This form has a dual purpose. Some Higher Education Institutions (HEIs) operate individual supplementary admissions routes for students with disabilities. This form is used by HEIs to provide verification of the applicant's disability and helps to determine appropriate supports at third level.

A number of colleges and universities operate a joint supplementary admissions route known as DARE (Disability Access Route to Education). This form is also used by DARE to help assess an applicant's eligibility for DARE. DARE requires an applicant to submit evidence of disability as part of their application. An application will not be complete until an applicant provides evidence of their disability AND Educational Impact Statement by **10 March 2027**. More information on DARE is available from **www.accesscollege.ie/dare**.

Steps to completing this form when applying to DARE

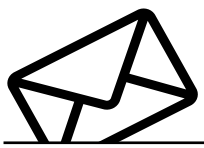
This short guide to submitting evidence of your disability should be read alongside the information in the DARE Handbook pages 1-36.

Applicants who are unsure about the evidence that they need to supply can contact any member of the DARE team. Contact details for the DARE team are listed in the DARE Handbook and on **www.accesscollege.ie/dare**.

- Section A, the online Supplementary Information Form (SIF) must be completed and **DARE Applicants must tick Yes to DARE under Question 1 by 17:00 on 1 March 2027**.
- Section B Educational Impact Statement (EIS) must be downloaded, completed by the applicant's school and submitted by **10 March 2027**.
- Section C Evidence of Disability Form 2027 must also be submitted. Applicants should ensure:
  - it has been completed AND signed by the appropriate professional AND
  - it contains the stamp of the appropriate professional OR is on headed paper OR is accompanied by a business card AND
  - the appropriate professional has filled in all parts of the form AND it is legible.
- Send the original Evidence of Disability form and Educational Impact Statement by post. Emailed documents are not accepted.
- **Keep a photocopy of Evidence of Disability documentation for your personal records and don't forget to retain proof of postage.**

Please Note:

- Section C Evidence of Disability Form is NOT a substitute for a full Psychological Assessment Report or Section D School Statement.
- Evidence from a support organisation is not accepted as verification of a disability.
- Completion and submission of pages 4-6 of this form are required, pages 1-3 are instructions and may be retained by the applicant or professional.



DARE applicants must send the Evidence of Disability & Educational Impact Statement to:

DARE Applications 2027, CAO, Tower House, Eglinton Street, Galway by 17:00 on 10 March 2027.

Guide to providing evidence of your disability

Type of disability	Appropriate documentation	Type of professional	Required age of report
Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD).	Evidence of Disability Form 2027 **OR** Existing report.	Consultant Psychiatrist **OR** Psychologist **OR** Neurologist **OR** Paediatrician.	Must be less than three years old i.e. dated after **1 February 2024**. Report must include tests used for diagnosis.
Autistic Spectrum Disorder (including Asperger's Syndrome).	Evidence of Disability Form 2027 **OR** Existing report.	Consultant Psychiatrist **OR** Psychologist **OR** Neurologist **OR** Paediatrician.	No age limit. Report must include tests used for diagnosis.
Blind/Vision Impaired.	Evidence of Disability Form 2027 **OR** Existing report.	Ophthalmologist **OR** Ophthalmic Surgeon.	No age limit.
<u>Deaf/Hard of Hearing</u>: Students may apply under ONE of the following categories: (A) Applicants who have an audiogram (B) Applicants who attend a School for the Deaf (C) Applicants with a Cochlear Implant.	(A) Applicants who have an audiogram: An Audiogram. (B) Applicants who attend a School for the Deaf: A letter confirming your attendance from Principal of School for the Deaf **OR** Evidence of Disability Form 2027. (C) Applicants with a Cochlear Implant: An existing report confirming cochlear implant **OR** Evidence of Disability Form 2027. DARE does not accept reports from high street retailers.	(A) Applicants who have an audiogram: A Diagnostic/ Clinical Audiologist registered with the Irish Academy of Audiologists (IAA) **OR** HSE Audiologist. (B) School for the Deaf: Principal of School for the Deaf. (C) Applicants with a Cochlear Implant: Ear, Nose and Throat (ENT) Consultant **OR** Cochlear Implant Programme Co-ordinator.	No age limit.
Developmental Co-ordination Disorder (DCD) - Dyspraxia.	Evidence of Disability Form 2027 **OR** Existing report.	Occupational Therapist **OR** Neurologist **OR** Physiotherapist **OR** Paediatrician.	No age limit on either document.
Mental Health condition.	Evidence of Disability Form 2027 **OR** Existing report.	Consultant Psychiatrist on specialist register.	Must be less than three years old i.e. dated after **1 February 2024**.
Neurological Condition (including Epilepsy and Brain Injury).	Evidence of Disability Form 2027 **OR** Existing report.	Neurologist **OR** Other relevant Consultant.	No age limit.
Physical Disability (those with significant mobility difficulties).	Evidence of Disability Form 2027 **OR** Existing report.	Orthopaedic Consultant **OR** Other relevant Consultant appropriate to the disability/condition.	No age limit.
Significant Ongoing Illness.	Evidence of Disability Form 2027 **OR** Existing report.	Relevant Consultant/ Specialist appropriate to the disability/condition.	Must be less than three years old i.e. dated after **1 February 2024**.
Speech and Language Communication Disorder.	Evidence of Disability Form 2027 **OR** Existing report.	Speech and Language Therapist.	No age limit.

Type of disability	Appropriate documentation	Type of professional	Required age of report
Dyslexia / Significant Literacy Difficulties * Students may apply under ONE of the following categories: (A) Applicants who have a Psychological Assessment Report identifying Dyslexia **OR** (B) Applicants who have Significant Literacy Difficulties but do NOT have a Psychological Assessment Report identifying Dyslexia.	(A) Applicants who have a Psychological Assessment Report identifying Dyslexia must submit this report. (B) Applicants who have Significant Literacy Difficulties but do NOT have a Psychological Assessment Report identifying Dyslexia must submit Section D School Statement.	(A) Psychologist. (B) Special Educational Needs (SEN) Teacher and countersigned by Principal/ Deputy Principal.	No age limit.
Dyscalculia / Significant Numeracy Difficulties *	Psychological Assessment Report.	Psychologist.	No age limit.

* Applicants with Dyslexia/ Significant Literacy Difficulties or Dyscalculia/ Significant Numeracy Difficulties must also submit attainment scores dated on or after **1 February 2025**. These should be entered in Indicator 6 of the Educational Impact Statement (see DARE Handbook pages 23-24 or www.accesscollege.ie).

Important note for applicants to DARE with Dyslexia/ Significant Literacy Difficulties or Dyscalculia/ Significant Numeracy Difficulties.

Section C Evidence of Disability Form is not required for applicants to DARE with Dyslexia/ Significant Literacy Difficulties or Dyscalculia/ Significant Numeracy Difficulties.

A full **Psychological Assessment Report OR Section D School Statement** must be submitted as the evidence of disability documentation for applicants with **Dyslexia/ Significant Literacy Difficulties**. In addition, applicants must have two literacy attainment scores at or below the 10th percentile dated on or after 1 February 2025.

A full **Psychological Assessment Report** must be submitted for applicants with **Dyscalculia/ Significant Numeracy Difficulties**. In addition, applicants must have one numeracy attainment score at or below the 10th percentile dated on or after 1 February 2025.

These attainment scores can be from one (or a combination) of the following sources:

- Scores from school-based attainment testing
- Scores from attainment tests carried out by a psychologist.

Testing must have been carried out on or after 1 February 2025 and all applicants must submit an EIS completed by their school.

General Practitioner (GP) completing this form:

Applicants who have an existing diagnosis but have difficulty accessing the appropriate professional to get confirmation of the existing diagnosis or an updated report may ask their general practitioner (GP) to complete the Section C Evidence of Disability form. However, the following apply:

- Your GP must have a clear diagnosis of your disability from one of the DARE appropriate specialists/consultants listed. **A copy of a document in which your diagnosis is confirmed must be included in your application when using this GP verification**. (See DARE Handbook page 28 or www.accesscollege.ie).
- This document must be signed and dated by the appropriate specialist/consultant. If a time limit applies, the diagnosis or reconfirmation of diagnosis from the appropriate professional must have been made within that time limit.
- **Your GP does not need to give you a copy of your entire file – a single document which clearly names and confirms your diagnosis, is within the time limit (if one applies) AND is signed and dated by the appropriate specialist/consultant is sufficient.**

For the purposes of DARE, only diagnoses made by a consultant/specialist are acceptable. A diagnosis made by a GP alone will not be acceptable and will lead to the applicant being made ineligible.

For GP Guidelines – See **www.accesscollege.ie/dare-supportingdocuments**.

Section C: Evidence of Disability Form 2027 Sections 1-8

Please complete all sections below in TYPE or BLOCK capitals:

1. Applicant details

Title and Full Name of Applicant

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

CAO Number ☐☐☐☐☐☐☐☐

2. Medical Consultant/Specialist who made the diagnosis

(GPs should not enter their own details here, see further instructions below)

Name and Title of Consultant/Specialist

Position/Professional Credentials

Date of Report ☐☐ / ☐☐ / ☐☐☐☐

Date of onset of disability ☐☐ / ☐☐ / ☐☐☐☐

Date of diagnosis by consultant ☐☐ / ☐☐ / ☐☐☐☐

Date of Referral from GP to Consultant/Specialist ☐☐ / ☐☐ / ☐☐☐☐

Note for GPs: If form is completed by a GP, GP must tick the following box

I have sufficient information on file from the appropriate consultant/specialist named above, diagnosing the applicant with one or more of the conditions indicated in Section 3. ☐

I have provided the applicant with a copy of a document in which their diagnosis is confirmed by the appropriate consultant/specialist and is within the specified time limit (if one applies) for submission with this form.

If the information is on file, please complete sections 2-8 as appropriate.

Official Stamp Required: This form must be stamped on page 6. If a stamp is not available, this form must be accompanied by a business card OR headed paper.

3. Disability information

Disability Type (please tick primary disability):

ADD/ADHD	☐	Dyslexia/ Significant Literacy Difficulties	☐
Autistic Spectrum Disorder (including Asperger's Syndrome)	☐	Mental Health Condition (Include specific DSM-V and/or ICD-10 name and code below)	☐
Blind/Vision Impaired	☐	Neurological Condition (including Brain Injury & Epilepsy)	☐
DCD–Dyspraxia	☐	Physical Disability (those with significant mobility difficulties)	☐
Deaf/Hard of Hearing	☐	Significant Ongoing Illness	☐
Dyscalculia/ Significant Numeracy Difficulties	☐	Speech and Language Communication Disorder	☐

Please state the specific name of the disability/condition (if relevant)
NB: for Mental Health conditions, please provide the DSM-5 and/or ICD-10 name and codes):

Please state if there are any other disabilities/conditions:

4. History and detail of the disability/condition

Is the Disability:

Congenital ☐	Acquired ☐

If acquired, is it:

Permanent ☐	Temporary/Expected recovery ☐	Fluctuating ☐

If temporary or fluctuating, please provide further details:

The severity of the condition(s) is:

Mild ☐	Moderate ☐	Severe ☐

Please provide as much information as possible about the impact/severity of the condition on the applicant's daily life/functioning (i.e. social, emotional, physical impact).

5. Prognosis of the disability/condition

Will the condition:

Remain static ☐	Have periods of relapse/remission ☐	Be progressive ☐

If prognosis is uncertain, please give more detail:

6. Describe in detail measures currently being taken to treat the disability (e.g. medication, therapy etc.)

7. If the applicant is Blind/Vision Impaired, state the visual acuity scores, field of vision loss, loss of near vision, central vision or peripheral vision where appropriate.

8. If the applicant has a Physical condition, state the level of physical or mobility difficulty, and any other relevant information. (For Scoliosis, please provide degree of curvature of the spine).

Where a **Consultant** has completed this form, **Consultant** must sign below:

Consultant's signature:

Date: ☐☐ / ☐☐ / ☐☐☐☐

IMC Number: ☐☐☐☐☐☐☐☐

Official Stamp Required:

Where the applicant's **GP** has completed this form, **GP** must sign below:

Name of GP:

GP's signature:

Date: ☐☐ / ☐☐ / ☐☐☐☐

IMC Number: ☐☐☐☐☐☐☐☐

Official Stamp Required: