

# Disclosure Agreement

## Appendix 2

BPP is committed to promoting disclosure and supporting students with learning difficulties, disabilities, sensory impairments and medical conditions. This is one of our duties under the Equality Act 2010. We therefore encourage disability disclosure to ensure that all students receive a high level of support.

### 1. What is a disability?

A disability is defined by the Equality Act 2010 as ‘any physical or mental impairment which has a substantial and long term, adverse effect on a person’s ability to carry out normal day-to-day activities.’ This may include physical impairments (including mobility difficulties) such as cerebral palsy; visual and hearing impairments; learning impairments such as dyslexia and dyspraxia; psychological impairments such as depression and schizophrenia; and medical conditions such as epilepsy or asthma. Severe disfigurement is also classed as a disability.

A “long term” disability is one that will last for 12 months or more and “substantial” means more than minor or trivial.

### 2. When and how may I disclose information about my support requirements?

You can disclose a disability or other support requirement before arriving at BPP, through UCAS, during admissions and registration, during induction, or at any other time during your course. Further opportunities for disclosure will also be provided, e.g. in tutorials, before educational visits or when exam entries are made. (Note: Applications for exam concessions must be made at least one month prior to the exam. See General Academic Regulations)

### 3. Confidentiality

Once you disclose a disability to a member of staff at BPP, other staff at BPP can be made aware of this to enable them to make relevant, reasonable adjustments to assist your learning. This happens only on a “needs to know” basis; you can if you prefer decide to withhold permission to share the information with specific individuals or the whole organisation. However it should be noted that withholding permission may impede the process of reasonable adjustments and this should be considered if this course of action is decided. All information shared with BPP will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation, as set out in BPP’s Privacy Policy found at <https://www.bpp.com/privacy>. By signing this agreement you are agreeing to the terms set out in this policy and BPP Privacy policy.

### 4. Exception to Confidentiality

Staff will only break this confidentiality agreement in the following exceptional circumstances:

- if a student is in danger of harming themselves or anyone else;
- if there is a legal requirement to disclose the information or at the direction of a regulatory body; or
- to assess compliance with a professional standard/fitness to practice.

### 5. Can I change my mind?

Yes, you may change your mind about any or all information you disclose at any point in your course or during the application process. You just need to let us know by contacting us at [learningsupport@bpp.com](mailto:learningsupport@bpp.com) and giving us full information about what you would like to do.

*Please note that not all disabilities will require reasonable adjustments to be made. Sharing of information for Health and Safety reasons may also apply.*

## Disclosure Agreement

Thank you for informing BPP of your support requirements. Please read the following consent statement and complete the form below. By signing this disclosure agreement below you are agreeing to its terms, its guidance notes and the BPP Privacy Policy.

I confirm that I understand/have been supported to understand the Guidance Notes on page 1 of this disclosure agreement. I agree that disability related information about me will be used to provide the support and adjustments which I require, and that if I do not consent to share information this may limit the reasonable adjustments BPP can offer. I understand that I can change my mind about disclosing at any time and I can request a meeting to review my support by contacting us at [learningsupport@bpp.com](mailto:learningsupport@bpp.com).

Your information will only be shared with other staff at BPP and in agreed instances with a partner staffing agency or Apprentice/Traineeship employer on a needs-to-know basis. Information will only be passed on to BPP staff, contractors and any third parties that reasonably need to know to ensure that reasonable adjustments can be implemented for you.

**Please choose ONE option below and complete only the matching section.**

### 1. CONSENT TO SHARE

Select this option if you agree that BPP may share relevant information about your learning needs or support requirements with:

- **Relevant BPP staff involved in your teaching, learning, assessment or safeguarding** (e.g., academic staff, exams teams, programme support, placements team), and
- **External organisations** involved in your studies or apprenticeship (e.g., your employer, work placement provider, partner staffing agency, exam board).

In the table below, you can indicate YES or NO for each external organisation to specify exactly who we may share information with.

|                          |  |                                       |  |
|--------------------------|--|---------------------------------------|--|
| Signed (Student)         |  |                                       |  |
| Student Name             |  | Date                                  |  |
| Student Reference Number |  | Partner Staffing Agency<br>(Yes / No) |  |
| Location                 |  | Employer/Work Placement<br>(Yes / No) |  |
| Course Title             |  | Exam Board<br>(Yes / No)              |  |

### 2. LIMITED CONSENT or COMPLETE CONFIDENTIALITY

Please indicate below who you **do not** wish us to share information with; or state; "**COMPLETE CONFIDENTIALITY**" meaning that you do not wish us to share your information with anyone else at BPP. By doing this you are restricting what assistance BPP can provide to you.

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|                          |  |      |  |
|--------------------------|--|------|--|
| Signed (Student)         |  | Date |  |
| Name (Capitals)          |  |      |  |
| Student Reference Number |  |      |  |