



*Priority Consideration Request Form*

2017-18

Date:

*Section A. – Student Information*

Family Name:		Given Name:	
UVic Student ID #:		Email:	
Address:		City:	
Province/State:		Postal Code:	
Country:		Fax:	
Phone:		Alternate phone:	
Number of courses in 2017-18		Fall Term (Sept – Dec):	Spring Term (Jan – Apr):

*Section B. – Details of the Request*

I understand that residence is a high density living environment and it may be difficult to control this environment to the extent that is required to support some students' needs. By submitting this request, I acknowledge that I understand my responsibility to be self-sufficient, including the ability to effectively coordinate my own personal needs while in residence, including using campus services. I understand that the Priority Consideration Team cannot approve students who request priority consideration simply on the basis of seeking a supportive living environment for their mental and/or physical wellbeing.

I am requesting accommodation for the following:

<input type="checkbox"/> Dietary (anaphylaxis/severe food allergies/other)	<input type="checkbox"/> Medical (chronic health)
<input type="checkbox"/> Disability (mobility/hearing/vision/other)	<input type="checkbox"/> Religious (observances/practices)
<input type="checkbox"/> Other (please specify)	<div></div>

- 1) Please describe the accessibility needs and/or environmental barriers that have led to your request for priority consideration to residence or Family Housing. Please describe clearly how your needs cannot be met in off-campus housing.



2) Please describe the access or accommodation features that would best address your needs. How do these features relate to your disability or chronic health requirements? Please provide a **clear and logical link** between the restrictions and limitations arising from your disability or chronic medical barrier and your request for Priority Consideration. Please describe the measures you take in your current living environment to address these barriers.

3) Do you have transportation requirements? Please describe.

4) Living in residence requires that students meet academic eligibility criteria. What course load do you plan on taking? If you are not taking enough courses to meet the academic eligibility criteria what aspects of the restrictions and limitations arising from your disability or chronic medical barrier have led to your request for an exception to the residence eligibility criteria?

5) Have you submitted documentation to the UVic Priority Consideration Review Team in a previous year or semester?

Yes

6) Have you lived in UVic residences previously?

a) If yes, when?

7) Were you granted Priority Consideration to residence previously?

b) If yes, when?



All documentation is kept confidential but the information may (for placement purposes or for the health and safety of the student or the community) be shared with the Resource Centre for Students with Disabilities, University Health Services, Counselling Services, Food Services Campus Security, Office of Student Life, or other professionals, as appropriate.

The University of Victoria collects, uses, discloses and retains personal information only in compliance with the BC Freedom of Information and Protection of Privacy Act. The University of Victoria collects the personal information on this form pursuant to section 26(a) and (c) of the Freedom of Information and Protection of Privacy Act. The information provided in this form will be used only for the purposes of determining priority access to residence. For a detailed listing of the types of Personal Information the University collects and the purposes for such collection see [Schedule A, Procedures for the Management of Personal Information](#). Should you have any questions concerning your personal information, please contact the University Secretary's office at foipp@uvic.ca or (250) 472-4914.

***I have read and understand the above statements.***

Student Signature

Date

**PLEASE NOTE:**

- 1) Although we make every effort to reasonably accommodate students, all requests are subject to review and accommodation decisions will be based on verified need and availability of suitable accommodation. Specific room types and locations cannot be guaranteed.
- 2) Incomplete application forms will **NOT** be considered.
- 3) Students who submit Section C (Professional Attestation) for 2016-17 will not be required to resubmit this documentation in future year's applications unless there are changes to the student's request and/or to the documentation and/or the Team requests an update.

*Section C. – Supporting Documentation*

*To be completed by a registered Physician, Nurse Practitioner or Psychologist or another medical professional with credentials appropriate to assess the applicant's accessibility needs:*

Name: Professional designation:

Address:

Phone Number: Email:

***Instructions:***

Priority Consideration is defined as priority admittance to a specific type of housing in residence and/or priority admittance to housing outside of current admissions practices or eligibility criteria, based on restrictions or limitations arising from disability or chronic medical barriers.

1. Please read Section B (Student Request) before completing.



2. Please provide specific functional limitations associated with the student's disability or health condition. A **clear and logical link** must be identified between the the restrictions and limitations arising from the condition and request for priority consideration. Students are not required to disclose their diagnosis or condition, but may do so if they wish.
3. Please indicate below, the requirements that you deem applicable to the needs of this student:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Private Room                  | <input type="checkbox"/> Student supplied equipment                    | <input type="checkbox"/> Strobe light              |
| <input type="checkbox"/> Single Gender floor or unit   | <input type="checkbox"/> Accessible accommodations                     | <input type="checkbox"/> Access cooking facilities |
| <input type="checkbox"/> Private/semi-private washroom | <input type="checkbox"/> Main floor/elevator accessible accommodations |  |
| <input type="checkbox"/> Other (please specify):       |  |  |
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***Signature of attesting professional:***

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**Submit completed form to:**  
**Priority Consideration Review Team**  
**Email: [prar@uvic.ca](mailto:prar@uvic.ca) Fax: (250) 472-4086**

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