



## Emergency Egress for Disabled People Questionnaire and Consent

### Section 1: consent

A copy of your PEEP (including photograph) will be sent to Human Resources (staff only) and Health and Safety for record keeping purposes only. A copy will also be held by Facilities and Estates and Security personnel to enable them to be aware of building users that require assistance in evacuating. All data of this nature will be held electronically by the aforementioned departments and will not be shared elsewhere without first notifying you and gaining your permission.

However, in order to make the necessary arrangements for your emergency egress, it may occasionally be necessary to share information about your disability or medical condition with staff such as the Diversity and Inclusion managers, the Faculty Student Support Office, Academic staff, in order to draw on their varying expertise. This disclosure would only reveal the minimum information which that person “needs to know” in order to undertake their role in the process.

If you give your agreement by signing this document, disclosure would be used as necessary to facilitate your arrangements. The precise information chosen for disclosure would be at the discretion of the staff member who is working with you on the emergency egress arrangements. You can request a change to this agreement at any time by contacting the staff member who has been working with you.

*I am **willing** for necessary information to be disclosed to staff involved in developing emergency egress arrangements as necessary to facilitate those arrangements. In addition I give my consent for a copy of my Personal Emergency Evacuation, which includes my photograph as well as details of my condition to the following departments: Human Resources (staff only) Facilities and Estates, Security, Student advice and Wellbeing (students only) and Health and Safety.  
The information held on the School’s records indicates that the disability / medical condition may be described by the following category code..... (see list overleaf for explanation)*

Signature.....Date.....

Please PRINT your name .....

***\*below fields to be completed by students only\****

Student ID no .....

Course name .....

Course start date.....Course end date.....

Mobile phone contact .....

Section 1: information about your disability / medical condition:

- 00 – No known disability
- 01 – Specific Learning Difficulty (e.g. dyslexia, dyspraxia)
- 02 – Blind / Partially Sighted / visual impairment
- 03 – Deaf / hearing impairment
- 04 – Wheelchair User / Mobility / Dexterity impairment
- 05 – Personal care support
- 06 – Mental health issue
- 07 – An unseen disability (e.g. chronic conditions such as asthma, Epilepsy, diabetes)
- 08 – Multiple Disabilities
- 09 – Disability or medical condition not listed above
- 10 – Autistic Spectrum Disorder (includes Asperger's Syndrome)
- 11 – Temporary (expected to last less than 6 months) disability (E.g. resulting from accident, injury or surgery)

**Please indicate below if you wish to provide any further information regarding your disability that you think would be useful to the egress assessment.**

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Section 2: information about your egress needs

The following questions should also be answered to enable your Personal Emergency Evacuation Plan to be arranged.

- 1) Are you able to get down stairs, in the buildings in which you usually work, if the emergency alarm sounds?

YES / NO

- 1) If yes, would you find it easier to do so once the main rush of people have gone past?

YES / NO

- 2) If no, what assistance do you need to use the stairs?

A supportive arm? YES / NO

A helper on either side of you? YES / NO

Use of evacuation chair YES / NO

\*Please note this involves very minimal lifting or carrying, the evacuation chairs that SOAS has glide down the stairs when being operated\*

- 3) Do you need any other assistance when there is an emergency alarm?

YES / NO

If yes, what assistance is helpful?