



**AUSTRALIAN
FILM TELEVISION
AND RADIO SCHOOL**



Australian Government

AFTRS

STUDENT MEDICAL CONDITION / DISABILITY QUESTIONNAIRE 2015

If you have a medical condition or a disability that may impact your participation in your course please complete this questionnaire as you are entitled to request reasonable adjustments to study requirements and methods.

The information allows the School to assist in the prevention of an exacerbation of a medical condition and to discuss reasonable adjustments to study requirements and methods. Please note however, the submission of an application for Reasonable Adjustment does not automatically mean it will be approved

If you need assistance in completing this form please contact the Student Centre on 9805 6444 or by email studentinfo@aftrs.edu.au

1. STUDENT DETAILS

Name:		Student No:	
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Course:	
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2. MEDICAL CONDITION INFORMATION

Do you have a medical condition or disability that means you may require assistance if you are to effectively participate in your chosen course?

YES NO

Do you have a medical condition or disability that your teaching staff should be aware of for study, safety or other reasons?

YES NO

Do you give permission for relevant teaching staff to be notified of your medical condition or disability for study, safety or other reasons?

YES NO

If you have answered "YES" to any of these questions please provide details of the medical condition or disability and of any special requirements you may have.

SECTION 3: REASONABLE ADJUSTMENT

What support / adjustments are you requesting or have been recommended by your medical practitioner?

Please outline the support/ reasonable adjustment that will meet your requirements e.g. extended time to complete an assessment task because of a physical injury or condition. Please attach a medical certificate or other documentary evidence to support your application.

4. STUDENT DECLARATION

I declare that the information I have submitted in this application is true, correct and not misleading. I understand that AFTRS may vary or reverse any decision concerning my application or not process my application if this is not the case, and that giving false or misleading information may also be an offence under the *Criminal Code*. [I authorise AFTRS to contact any person or organisation giving supporting documents for the purpose of verifying the information they contain.]

SIGNED:		DATE:	
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5. PRIVACY INFORMATION

AFTRS requires the information you give in this application and in supporting documents, to process the application. Where required to meet AFTRS’ legal or administrative obligations, AFTRS may disclose information in it to other Australian government entities. AFTRS collects and deals with your personal information according to Australian privacy law and AFTRS’ [Privacy Policy](#), which sets out how you may access and correct the personal information AFTRS holds about you, and how you may complain about any privacy breaches.

OFFICE USE ONLY

6. RECOMMENDATION AND APPROVAL

Does the student require support services or reasonable adjustments to be made to their learning environment?

YES **NO**

If yes, provide details:

Has the student given permission for relevant academic and production staff to be notified of any adjustments that are required?

YES **NO**

Have all relevant academic and production staff been notified? (if applicable). Please attach advice.

YES NO

Student Centre Manager: Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	Signature:	Date:	
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Director of Education: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature:	Date:	
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7. STUDENT CENTRE ACTION

Decision received:		Date:	
Applicant advised of decision:		Date:	
Any action required under reasonable adjustment completed:		Date:	