

## STUDENT ACCESS FORM

If you have a medical condition or require access support complete this form and the Student Centre will contact you regarding your needs. Our aim is to ensure students requiring support realise their full potential while studying at AFTRS.

Students requiring support or access may include those with:

- Mental health issues.
- Chronic illness and pain.
- Sensory impairments.
- Physical impairments.
- Learning impairments.
- Temporary impairments.

The Head of Student Services will arrange a meeting with you and devise a Learning Access Plan (LAP), which may include adjustments that support you in your course.

Information relating to your support /adjustments may need to be provided to other staff and services at AFTRS. Specific details of your condition will only be included if you have given consent for us to do so.

### 1. STUDENT DETAILS

Name:		Student No:	
Course:			

### 2. STUDENT ACCESS INFORMATION

Provide details of your disability, health or mental health condition and the impact it has on your study:

**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.

**Do you give permission for teaching staff or other relevant staff to be notified of Learning Access Plan?**

YES

NO

**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:

**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 or develop a Learning Access Plan.

Has the student given permission for teaching staff or other relevant 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

Head of Student Services: Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	Signature:	Date:	
--	------------	-------	--

Head of Programs: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature:	Date:	
--	------------	-------	--

<b>7. STUDENT CENTRE ACTION</b>
---------------------------------

Decision received:		Date:	
Applicant advised of decision:		Date:	
Learning Access Plan developed and attached (if applicable):		Date:	
Any action required under reasonable adjustment completed:		Date:	
Adjustments discussed and given to relevant Course Leader or lecturer		Date:	