

STUDENT ACCESS FORM

AFTRS is committed to ensuring students have safe and accessible environments and conditions for study, creativity, and growth. As per **Section 5** in the Student Handbook, AFTRS is committed to providing students living with disability, chronic illness, or medical condition/s whether permanent, temporary, episodic, or fluctuating access to support.

Students are able to make a disclosure in person at the Student Centre or via this Student Access form at any time while studying. As soon as a student makes contact Student Centre can provide information on what support is available. There is a certain level of disclosure needed if you are seeking reasonable adjustments.

Please complete this **Student Access Form** and submit via email to studentinfo@aftrs.edu.au. Once the form has been received a Student Engagement Manager will be in contact to arrange a meeting. In this meeting a Learning Access Plan, if required, can be co-developed to outline any reasonable adjustments that supports a student in their course.

1. STUDENT DETAILS

Name:

Student No:

Course:

2. STUDENT ACCESS INFORMATION

Provide details of your access needs, disability, chronic, or medical 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. Refer to the [Student Handbook](#) for guidelines regarding medical certification.

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 the information I have submitted in this application is true, correct and not misleading. I understand giving false or misleading information may also be an offence under the Criminal Code. For that reason, AFTRS may not process this application or vary or reverse any decision concerning this application. [I authorise AFTRS to contact any person or organisation within the supporting documents provided 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

Application received in the Student Centre:

Date:

Application complete with all required documents:

Date:

Meeting with Student Engagement Manager:

Date:

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 program staff or other relevant staff to be notified of any adjustments required?

YES

NO

If yes, please specify.

Student Engagement Manager:

Recommended

Not Recommended

Signature:

Date:

Head of Student Centre or delegate:

Approved

Not Approved

Signature:

Date:

7. STUDENT CENTRE NOTES:

