F.47V02 Academic Student Support Form

Student Details:

Student Name: ____________________________________________

Date of Birth: __________________________ Student ID: ________________________________

Contact Number: __________________________ Email: ____________________________

Address: ________________________________________________________________________

______________________________________________________________________________

Course Details:

Course Code: ____________________________________________

Course Name: ____________________________________________

Reasonable Adjustment/Support Request For:

<table>
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<tr>
<th>Unit Code</th>
<th>Unit Name</th>
<th>Unit Start Date</th>
<th>Unit End Date</th>
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(Please use additional page if required)

Please indicate below the Special arrangement(s)/ Support Service required:

- [ ] Equipment – Specialised/Personal
- [ ] Ergonomic Furniture
- [ ] Interpreter (signing or Oral)
- [ ] Medicine – Permission to take
- [ ] Wheelchair access
- [ ] Additional Writing Time
- [ ] Movement – Permission to move about
- [ ] Rest breaks (maximum 10 min per hour)
- [ ] Computer
- [ ] Other (Please Specify)

Do you already have Permanent Adjustments set for this course?  
[ ] Yes  [ ] No
Students will be contacted by student support officer to make an appointment within **five working days** of receipt of the request form.

**Reasonable Adjustment:**
A student who is unable to sit for an assessment task at the place appointed, or has special needs or support requirements, may apply to Institute for reasonable adjustments at least 21 working days prior to the date set for assessment task.

**Additional Time:**
A student whose first language is not English; and
- Identifies as Aboriginal or Torres Strait Islander; or
- Is a domestic student with permanent resident visa; or
- Is an international student on any visa or travel authority granted by Australia for foreign national travel to Australia is entitled to an additional 10 minutes writing time for an assessment date (to a maximum of 30 minutes). An application for additional time must be made at least 14 days prior to the commencement of Assessment date.

**SUPPORTING DOCUMENTATION:**

- **Application on Medical grounds**
  - I have attached current medical or professional documentation that outlines my disability and the impact it has on my studies.

- **Application on other grounds**
  - Statutory Declaration plus any supporting documentation

Applications submitted without the above documentation will not be processed.

- **Have you received educational adjustments before?**
  - YES
  - NO

  If yes, please provide further details of where you had educational adjustments in place:

______________________________________________________________________

______________________________________________________________________

- **If there is anything more you would like to tell us?**

______________________________________________________________________

______________________________________________________________________

I hereby confirm that the information given by me is true and correct to the best of my knowledge.

**Student Signature** ___________________________**Date** ____________________

**IMPORTANT:**
1. The personal information you provide will be kept confidential.
2. All interviews and discussions with an Interviewer are free and confidential.
3. Scanned, photocopies of your documentation will be accepted for registration purposes.
4. Your educational adjustments cannot be put in place until the ORIGINAL medical or professional documents you copied and submitted have been sighted at our office. You must bring them in on request.
5. If your documents are not sufficient, we will contact you to advise you to submit additional evidence of your disability.
6. If due to the special support or reasonable adjustment require more time to finish the course, the change of course duration will be reported via PRISMS under section 19 of the ESOS.
7. I understand my right to access Complaints and Appeals procedure of College, if I am not satisfied with the outcome of my credit transfer application.

For Office Use Only:

Application processed By:

Name: ____________________________
Sign: ____________________________
Date: ____________________________

Sufficient Documentations received: ☐ YES ☐ NO

Date of Assessment: ________________

Assessed By: _______________________

Comments: _______________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________