

# AccessAbility Services

## Registration Form



AccessAbility Services will use the information provided in this form to create an Education Access Plan (EAP) with reasonable adjustments specific to the student's individual circumstances. Information is collected in accordance with [Swinburne's Privacy Statement](#). If you have any questions or concerns, please contact [AccessAbility Services](#).

## Part 1) Student Information

### Student Details

Preferred Name:

Surname:

Are you a prospective student?

Current Student ID:

Pronouns:

Email Address:

Contact Number:

Preferred Contact Method:

Course:

Course Delivery:

### Authorised Contact (Optional)

If you would like AccessAbility Services to include another person in communications about your study support needs, please provide us with their details. Should you wish to withdraw consent at any time, or you would like to update these details, please inform AccessAbility Services as soon as possible via [accessability@swin.edu.au](mailto:accessability@swin.edu.au)

Full Name:

Relationship:

Contact Number:

Email Address:

## Part 2) Health Practitioner Supporting Documentation

This section is to be completed by a qualified health practitioner registered with the Australian Practitioners Regulatory Agency (AHPRA) or equivalent professional association. Please visit the [AccessAbility Services Eligibility Guidelines](#) for more information.

### Health Practitioner Details

Full Name:	Occupation:
Phone Number:	Email:
Provider Number or Professional Stamp:	

### Registration Information

Eligibility Criteria Category: *Please tick all which apply.*

<input type="checkbox"/> Medical	<input type="checkbox"/> Learning	<input type="checkbox"/> Speech/Communication
<input type="checkbox"/> Developmental	<input type="checkbox"/> Physical	<input type="checkbox"/> Carer of a person with a disability/aged
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Neurodivergent e.g.
<input type="checkbox"/> Hearing	<input type="checkbox"/> Neurological	Autism, ADHD
<input type="checkbox"/> Vision	<input type="checkbox"/> Other _____	

Condition Information/Diagnosis if known:

Impact Duration:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Ongoing/Episodic	<input type="checkbox"/> Temporary
------------------------------------	---	------------------------------------

*If temporary, please provide an estimated duration. \_\_\_\_\_*

### Impact Statement

Please describe impacts on the student's studies:

## Recommended Reasonable Adjustments

All reasonable adjustments must comply with the inherent requirements of the student's course including placement/Work Integrated Learning (WIL) industry requirements. Some courses may require additional documents such as Acceptance of Placement Forms (Swinburne Online), Fitness to Practice and/or About Me Statements.

### Course-Based adjustments

*E.g., Extensions for assessment deadlines, use of assistive technology, ergonomic equipment.*

### Assessment-Based adjustments (exams)

*E.g., Additional writing time, breaks, ergonomic equipment, small group room.*

### Placement/Work Integrated Learning (WIL) adjustments

*E.g., Extensions on placement tasks, change in placement location and/or hours.*

### Research-Based adjustments

*E.g., Extensions on candidature, communication with supervisors.*

### Other recommendations (Optional)

## Health Practitioner Declaration

*I certify that the information provided in this form is true and accurate. I provide my consent for Swinburne AccessAbility Services staff to contact me to verify the information provided in this document if necessary.*

Health Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 3) Student Authorisation and Consent

By submitting this form and any supporting documentation, you are providing Swinburne AccessAbility Services written authority to obtain and release information relevant to your study support needs. Information provided to AccessAbility Services is treated as confidential and collected in accordance with Swinburne's Privacy policy, guidelines and procedures. You can learn more at [swinburne.edu.au/privacy/](https://swinburne.edu.au/privacy/)

For AccessAbility Services to arrange support, you acknowledge and agree that:

- Your personal information is being collected by AccessAbility Services on behalf of Swinburne University of Technology for the primary purpose of providing reasonable adjustments and related AccessAbility Service support.
- If required and with your consent, AccessAbility Services may share relevant information with authorised contact persons and/or or nominated primary carers.
- To implement some reasonable adjustments, we may be required to share your information with third parties, such as for the provision of Education Access Workers (EAWs) and referral to other Swinburne support services.
- All relevant student details and subject information held in University's student systems may be accessed by AccessAbility Services staff.
- Your Education Access Plan may be shared with relevant University staff on a need-to-know basis to provide appropriate supports and reasonable adjustments for your studies. Examples of relevant University staff include subject convenors/teaching staff, placement teams and the examinations unit.
- Failure to supply or update information may result in AccessAbility Services being unable to provide adequate reasonable adjustments to support your studies.
- You have read and understand the universities approach to Privacy as outlined on the Swinburne website [swinburne.edu.au/privacy/](https://swinburne.edu.au/privacy/).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Statement (Optional)

To ensure that your reasonable adjustments are relevant and tailored to you, we would like you to provide us with a statement about your learning. This section is optional and can be discussed with an AccessAbility Adviser if preferred.

What are your strengths when it comes to work and study? For example, do you demonstrate knowledge best in a particular way? What are your personal strategies?

*E.g., I concentrate best in quite environments and use noise cancelling headphones; I demonstrate knowledge best in written format, I use fidget tools to help manage my stress during exams.*

What is your experience with assistive technology? Please tell us if there is anything you are currently using or have found helpful in the past.

*E.g., Computer software/apps, ergonomic equipment, cognitive aids.*

Have you had reasonable adjustments that have worked for you before in another environment?

*If yes, please list them.*