

# AccessAbility Services Registration Form



## Part 1) Consent to Release Information – to be completed by student

This form gives written authority to staff from Swinburne University's AccessAbility Services to OBTAIN AND RELEASE information relevant to your study requirements and support needs. Please read the information carefully and talk to the AccessAbility Adviser if you have any concerns.

Any personal information provided by you (or on your behalf) to the AccessAbility Services will remain confidential and will not be disclosed without your written or verbal consent. The only exception is where there are over-riding legal requirements (e.g. court orders). The Commonwealth Department of Education and Training may require your student number to validate enrolment where costs are incurred by the University in the provision of reasonable adjustments. All information kept by AccessAbility Services is stored on secure intranet servers and is only accessible by the staff working within AccessAbility Services. Information that is not classified as personal (e.g. exam arrangements) may be shared with relevant parties at the AccessAbility Adviser's discretion.

Student Details		Please complete all details	
Full Name			
Student ID Number	#	<input type="checkbox"/> Domestic Student	<input type="checkbox"/> International Student
Contact Phone Number	h.	m.	
Emergency Contact	Name:	Relationship:	Phone:
Course			
Campus	<input type="checkbox"/> Hawthorn	<input type="checkbox"/> Croydon	<input type="checkbox"/> Swinburne Online
	<input type="checkbox"/> Off-Campus	<input type="checkbox"/> Wantirna	<input type="checkbox"/> Hawthorn Online
Division	<input type="checkbox"/> Higher Ed	<input type="checkbox"/> Pathways & Vocational Education	<input type="checkbox"/> Short Course

I give permission for staff within AccessAbility Services to discuss issues relating to my disability and support needs to the following individuals or members of the organisations listed below:

Name	Information (eg. name, organisation, relationship etc)	Contact Details
<input checked="" type="checkbox"/> Relevant Academic/Administrative Swinburne Staff (Teachers and Exam Services)		
<input type="checkbox"/> Education Access Worker and Agency		
<input type="checkbox"/> Wellbeing at Swinburne		
<input type="checkbox"/> Doctor		
<input type="checkbox"/> Psychologist/ Psychiatrist		
<input type="checkbox"/> Swinburne Careers and Employment Service		
<input type="checkbox"/> WISE Employment		
<input type="checkbox"/> Swinburne Education Placements		
<input type="checkbox"/> Swinburne Student Life		
<input type="checkbox"/> Case / Employment Manager		
<input type="checkbox"/> Parents / Carers		
<input type="checkbox"/> Other		

I understand that the information communicated with the above individuals or organisations will be relevant to my study and/or support needs. Should I wish to withdraw my consent at any time, I will contact AccessAbility Services and inform them in writing.

Swinburne's privacy statement can be viewed at: <http://www.swinburne.edu.au/privacy.htm>

Signature (student)		Date	
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**Part 2) Disability/Medical/Carer Documentation – to be completed by a treating Health Practitioner**

**Swinburne University of Technology Disability / Medical / Carer Documentation Form**

AccessAbility Services requires a student to provide proof of a disability, medical condition or carer status from a relevant treating health professional before they are eligible to receive support.

This form should be completed by a qualified health professional (please see “Eligibility Guidelines” for more information).

The information provided will remain confidential and be used by AccessAbility Services at Swinburne University of Technology to negotiate appropriate reasonable adjustments and Equitable Assessment Arrangements to be included in the student’s Education Access Plan.

**Student Details**

Full Name	
Student ID Number	#

**Qualified Health Professional – please write legibly**

Full Name	
Occupation	Contact no.

This report must be accompanied by the qualified health professional’s stamp or business card:

**Disability Information**

Disability Type (please tick)	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Physical
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Learning	<input type="checkbox"/> Neurological
	<input type="checkbox"/> Medical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Carer
Diagnosis (N/A for Carers)			
Duration	<input type="checkbox"/> Permanent	<input type="checkbox"/> Ongoing-Episodic	<input type="checkbox"/> Temporary from ___/___/___ to ___/___/___

**IMPACT**

How does the disability/medical condition/carer responsibility affect the student's ability to study and participate in their education? (e.g. fatigue, loss of concentration, pain, time constraints etc.)

**RECOMMENDATIONS**

What recommendations do you make for reasonable adjustments / Equitable Assessment Arrangements or support required to enable equal participation by this student? (e.g. Extra time and /or use of computer for examinations, provision of note taking, adaptive equipment etc.)

Signature  
(health professional)

Date

**Please return completed form together with any other relevant information to:**

**AccessAbility Services**

Swinburne University of Technology,  
H22, PO Box 218 Hawthorn VIC 3122

Phone: 03 9214 5234

Email: [accessability@swin.edu.au](mailto:accessability@swin.edu.au)

Web: <http://www.swinburne.edu.au/accessability/>

**\* NOTE: Please make sure you keep a copy of this form for your personal records.**