

DISABILITY / MEDICAL CONDITION - REQUEST FOR ASSISTANCE

Complete the following form each semester for additional support during your studies.

There are various support services available at the University to students with special needs. Any student with a disability or a medical condition who may require assistance with alternative academic arrangements is encouraged to seek advice before the commencement of the semester from the Equity Liaison Officer in Student Services.

This form is for any enrolled University of Notre Dame Australia student with a disability or medical condition who may require additional support during the academic year. **Information provided by students is confidential.**

It is the student's responsibility to provide the Equity Liaison Officer with verifying documentation (for example medical documentation, psychological reports) in order to access support services from The University of Notre Dame Australia.

1. PERSONAL DETAILS

Title: _____ (Mr / Ms / Mrs / Miss)	Address: _____
Given Name: _____	_____
Surname: _____	Suburb: _____
Student ID: _____	Post Code: _____
Date of Birth: _____ (dd/mm/yyyy)	Home Phone: _____
ND Email: _____@student.nd.edu.au	Work Phone: _____
Notre Dame Student Email ONLY	Mobile Phone: _____

2. DOCUMENTATION

Copies of documentation must be submitted with this form, originals will be sighted at the interview.

Type of documentation provided:

3. SUPPORT

When will support be required (please tick appropriate box)

ONE INSTANCE – Date: _____

Exams Only During Lectures / Tutorials

TEMPORARY ASSISTANCE – Date Commenced _____ Expected Date Ceased: _____

Exams Only During Lectures / Tutorials

ONGOING

Exams Only During Lectures / Tutorials

Accommodation or Assistance requested in Semester Time:

Accommodation or Assistance requested in Examination Period:

4. COURSE DETAILS

College:

Arts Business Education Health Law Medicine Nursing Theology Science & Technology

Course Code: _____ Course Title: _____ Current Year: _____

Semester: One Two

Unit Code	Unit Title	Full Year (Y/N)

I give permission for Student Services to release information on my disability / medical condition to relevant academic staff (NB: You do not have to sign this form if you do not wish the information to be disclosed).

You need to book an appointment with the Equity Liaison Officer in order to submit this form. This can be done by contacting Student Services on 9433 0580 or emailing appointments@nd.edu.au

Student Signature: _____

Date: _____

Privacy Statement: The information provided in this form will be used for the purposes of, and in relation to, your potential enrolment at The University of Notre Dame Australia. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student. The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases:
a) when authorised in writing to do so, and b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; to your authorised representatives (e.g. legal representatives).