

STUDENT SERVICES FORM

Australian Business Academy recognizes the need to integrate a multitude of differing needs and abilities with the learning environment. If you have a known medical condition or disability, the information provided in this form will enable the Academy to provide the best possible learning environment during your studies. If you are unsure of the accommodations that have been provided to you previously please contact the Student Manager.

This information is collected so that the Academy may make reasonable adjustment for the individual student and to ensure that the most appropriate assistance may be given during their studies at ABA. All information provided in this form is treated as private and confidential.

DECLARATION TO BE SIGNED BY STUDENT

I, _____ do hereby confirm that the information provided by me is true and correct. Having read Australian Business Academy's Privacy Policy, I give permission for the Academy to disclose particulars as is appropriate in relation to the provision of reasonable adjustments throughout 2009.

Signature

Date

PERSONAL INFORMATION

Full name: _____

Student Number: _____

Phone No: (Semester) _____ (Home) _____ (M) _____

Fax: _____ Email: _____

Semester Address: _____

Home Address: _____

DISABILITY/MEDICAL CONDITION/SPECIAL NEEDS

Please describe your disability/medical condition/special needs and how it impacts on your studies:

SPECIAL NEEDS/SERVICES FOR STUDY

Will you require special facilities, resources, or consideration for study? Yes No

If YES, please list:

(study guide enlarged to A3, left handed desk etc)

NOTE: Assistance will only be provided if the student’s request is fully supported by a Medical Practitioner or relevant Registered Health Professional.

EXAMINATION REQUIREMENTS FOR 2009

Do you require special needs during examination periods? Yes No

If YES, please continue:

NOTE: Your Medical Practitioner/Registered Health Professional MUST support your requested examination requirements (See pages 5 & 6)

Please tick the appropriate assistance required:

- Enlarged examination papers (to A3 size)
- Examination paper and answer booklets prepared on coloured paper.

Please indicate required colour

Blue Yellow Green Sand Pink Other: _____

- Use of own computer or other mechanical writing device to type answers

- Extension of time. **Note: This is subject to approval and must be supported by your medical practitioner/registered health professional.** Please indicate how much **extra time per hour** you are requesting: _____ (Generally between 5 and 20 minutes)

- Other: (Please provide details) _____

THIS SECTION TO BE COMPLETD BY MEDICAL PRACTITIONER OR REGISTERED HEALTH PROFESSIONAL REPORT ONLY

MEDICAL PRACTITIONER OR REGISTERED HEALTH PROFESSIONAL REPORT

This information is requested for the purpose of ensuring that this student's condition will not disadvantage or negatively impact on his/her study at Australian Business Academy.

Student's name: _____

The student's condition is: _____

Is this condition permanent Yes No

If NO is the condition:

Episodic Yes No

Degenerative Yes No

Comments: _____

How will the student's disability and/or medical condition impact on:

Reading ability: _____

Writing ability: _____

Mobility: _____

Concentration: _____

Cognitive skills: _____

Other: _____

In light of the above, are there specific provisions the student requires to complete his/her studies:

If the student has indicated that they are seeking an **alternative assessment**, please explain what aspects of a formal exam the student is unable to undertake:

(Medical Practitioner or Registered Health Professional Report continued on page 6)

Any further comments: _____

I confirm that I have seen this person approximately _____ times in the last twelve months in relation to his/her current disability/medical condition.

Practitioner's name: _____

Profession: _____

Address of Practice: _____

Professional Qualification/s _____

Business Phone No: _____ email address: _____

Signature

Date