

DISABILITY SUPPORT

New Students Registration Form



PLEASE COMPLETE THIS REGISTRATION FORM AND RETURN VIA EMAIL TO DISABILITY SUPPORT

CALLAGHAN Phone: (02) 4921 6622 Fax: (02) 4921 6900 Email: student-disability@newcastle.edu.au Address: Room SC212 Student Services Building University of Newcastle Callaghan NSW 2308	OURIMBAH Phone: (02) 4348 4060 Fax: (02) 4348 4065 Email: student-disability@newcastle.edu.au Address: Student Support Unit University of Newcastle Ourimbah Campus Ourimbah NSW 2258
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The University of Newcastle is subject to the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. The personal information you provide in relation to your registration will be protected in accordance with the University Privacy Management Plan and will be used by the University in order to offer you practical assistance and advice related to a permanent or temporary disability or medical condition. The support and assistance aims to assist students to meet the inherent requirements of their course whilst maintaining academic independence. If you do not complete all the questions on this form, it may not be possible to process your registration. Your personal information will be stored securely. You may access and correct your personal information by contacting Student-Disability@newcastle.edu.au. The University of Newcastle will not disclose your personal information without your consent unless the University is under a legal obligation to do so. By submitting this application via your University email account, it is understood that you have read this statement and agree to the use and disclosure of your personal information as detailed in this form. This form is fillable electronically. Full details of the University Privacy Management Plan can be found at the following link: <http://www.newcastle.edu.au/service/privacy/>

FAMILY NAME:	GIVEN NAME/S:
STUDENT NO:	DO YOU HAVE A NDIS PLAN? Yes No In the process of obtaining
PHONE: HOME:	MOBILE:
SEMESTER/TRIMESTER: <i>(e.g Semester 1)</i>	
CAMPUS: <i>Please state:</i> (i.e. Callaghan, Ourimbah, Port Macquarie, Sydney, Distance)	
PROGRAM OF STUDY: <i>(e.g., B Arts, M Pharmacy, Open Foundation)</i>	

NEW STUDENTS (ONLY)

Provide details of your disability and the impact it has on your study:

What support / adjustments are you requesting or have been recommended by your specialist. This can also be discussed with the Disability Advisor at your appointment:

Have you had support / adjustments in previous studies? If yes, please provide details:

Please provide any other information you feel is relevant that should be considered by the Disability Adviser when determining your support requirements:

An Academic Integration Plan (AIP) outlining your support and adjustments will be provided to **you** to distribute to your course co-ordinators and relevant teaching staff and may be used as supporting documentation for adverse circumstances applications for extensions (i.e. when your condition is the reason for your request).

Information relating to your support /adjustments may need to be provided to other staff and services at the University of Newcastle. Specific details of your condition will only be included if you have given consent for us to do so.

This form is fillable electronically. If you are returning this form in electronic format through your University email account, a signature is NOT required.

Name:

Signature:

Date:

FOR OFFICE USE ONLY	Registration Form Received: - Emailed - Scanned - Other	Date:
Updated documentation required:	YES NO	Doc. Exp. Date:
Added to Nustar: YES NA	Added to Dis. List: YES	AIP Sent (via email): YES
Appointment made: YES NA	Date:	To be seen by: