ACCESSABILITY

Registration Form





Please complete this registration form and return to AccessAbility.

Submit via email <mark>AccessAbility@newcastle.edu.au</mark> or drop it into SC212 (Callaghan) or the SA B u	building (Ourin	າbah).
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Surname:		First Name:							
Preferred Name: Pronouns:									
Student Nur	nber:								
•	an NDIS (Natiormation go to i	onal Disability Ins ndis.gov.au)	surance Scher	me) plan?	Yes	No I	n the process	of obtaining	
Campus:	Callaghan	Newcastle City	Ourimbah	Gosford	Port M	acquarie	Sydney	Singapore	Online
Phone - Mok	oile:			Phone	- Home:				
Program Of	Study: (e.g., B	Arts, M Pharmacy,	Open Foundat	ion)					
to the Univer	sity to support l/or health cond	yHub on students students with disal ditions can be gran lub that you have	bility and/or he ted priority allo	alth condition	ns. This o	data is als	o used so tha ots for classes	t students with	
Provide deta	ails of your dis	ability/health con	dition and the	impact it ha	as on you	ur study:			
	-	s are you requesti with the AccessAbil	-		-	-		AccessAbility s	upport
Have you ha	d support/adjı	ustments in previ	ous studies? l	f yes, please	e provide	e details:			
-	-	nformation you fe requirements:	el is relevant t	that should	be consi	dered by	the AccessA	bility Advisor	when





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 disability/health condition. The support and assistance aims to assist students to meet the inherent requirements of their course whilst maintaining academic independence. By signing below, or otherwise 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 the Privacy Management Plan.

This form is fillable electronically. Full details of the University Privacy Management Plan can be found at the following link: https://policies.newcastle.edu.au/document/view-current.php?id=93

Name:	
Signature:	Date:

Consent Form

REASONABLE ADJUSTMENT PLAN

As part of your registration with AccessAbility a 'Reasonable Adjustment Plan' may be developed to communicate the recommended adjustments discussed and agreed upon by you and an AccessAbility Advisor. For adjustments to be put in place to minimise the impact of your condition/s on your studies a copy of your Reasonable Adjustment Plan will need to be provided to relevant University Staff, including your Course Coordinators and, at times, other academic staff (lecturers, tutors) or administration staff within the school. Your Reasonable Adjustment Plan will only be shared with University staff who are directly involved in implementing your adjustments.

You can choose whether you would like AccessAbility to provide a copy of your Reasonable Adjustment Plan to relevant University staff, or if you would prefer to share this with them yourself. You can also withdraw your consent for your Reasonable Adjustment Plan to be shared by AccessAbility at any time by contacting AccessAbility@newcastle.edu.au

I, Full Name: Student Number:

hereby acknowledge and agree that:

- 1. I have read and understood the above consent information.
- 2. Select one consent option:

I consent to relevant University staff being provided a copy of my Reasonable Adjustment Plan by AccessAbility.

OR

I do not consent to relevant University staff being provided a copy of my Reasonable Adjustment Plan by AccessAbility. I understand that I will need to provide my Course Coordinators with a copy of my Reasonable Adjustment Plan at the beginning of each teaching period for my adjustments to be implemented.

Student Signature: Date:

ADVOCATE

Please complete this section if you wish to nominate someone (a family member, partner, friend or formal advocate) to speak on your behalf to University Staff. Please note that this is completely voluntary and offered as a way to help you to access assistance and advice from AccessAbility. You do not need to nominate anyone to speak on your behalf to AccessAbility staff. By signing below,

I, (full name),

Student Number:

consent to AccessAbility staff communicating with the person listed as my advocate below for the purposes of providing me with appropriate support in relation to my participation in University programs. I further consent for my advocate and AccessAbility to share and disclose my personal and health information (which may include details of my disability, enrolment status, course load and/or my Reasonable Adjustment Plan). I understand that my advocate does not have the power to make major decisions on my behalf but may be consulted in relation to them (e.g. enrolment, withdrawal, leave). I understand that I may revoke this consent at any time by advising AccessAbility@newcastle.edu.au in writing.





Name.	
Relationship to you (e.g. parent, partner, friend):	
Phone number of advocate:	
Email address of advocate:	
Student Signature:	
Advocate Signature:	Date:
For more information please contact AccessAbility:	
Call: (02) 4921 6622 or Email: AccessAbility@newcastle.edu.au	





