

AccessAbility

REGISTRATION FORM

Please complete this registration form and return to AccessAbility.

Submit via email AccessAbility@newcastle.edu.au or drop it into **SC212 (Callaghan)** or the **SA Building (Ourimbah)**.

Surname:

First Name:

Student Number:

Do you have an NDIS (National Disability Insurance Scheme) plan? Yes No In the process of obtaining
(For more information go to [ndis.gov.au](https://www.ndis.gov.au))

Campus: Callaghan NUspace Ourimbah Port Macquarie Sydney Online

Phone - Home:

Phone - Mobile:

Program Of Study:

(e.g., B Arts, M Pharmacy, Open Foundation)

If an enabling student, do you consent for us to forward your plan to Enabling: Yes No

Provide details of your disability/health condition 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 AccessAbility advisor at your appointment: [newcastle.edu.au](https://www.newcastle.edu.au) (search 'AccessAbility support services')

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 AccessAbility Advisor when determining your support requirements:

AccessAbility

Student Equity and Support | Student Central

P: +61 2 4921 6622 | F: (02) 4921 6900 | E: AccessAbility@newcastle.edu.au



AccessAbility

REGISTRATION FORM

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. Your personal information will be stored securely. 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: www.newcastle.edu.au/service/privacy/

Name:

Signature:

Date:

Please complete this form if you want to nominate someone (a family member, friend or formal advocate) to speak on your behalf to University Staff.

I, (full name),

Student ID:

Hereby give permission for

Name:

Relationship to you (e.g. parent, partner, friend):

Phone number of advocate:

Email address of advocate:

To communicate with AccessAbility staff as my advocate, in order to have appropriate support provided in relation to my studies. This communication may be conveyed verbally, in writing or electronically. I wish to be consulted for major decisions (e.g. enrolment, withdrawal, leave). I understand that I may revoke this consent at any time by advising the Senior Manager Equity and AccessAbility in writing.

Student Signature:

Advocate Signature:

Date:

AccessAbility

Student Equity and Support | Student Central

P: +61 2 4921 6622 | F: (02) 4921 6900 | E: AccessAbility@newcastle.edu.au

