

ACCESSABILITY

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. This will include 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.

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
Advocate:**

Signature:

Date:

For more information please contact AccessAbility: Call: (02) 4921 6622 or Email: AccessAbility@newcastle.edu.au

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CRICOS Provider 00109J

