
DISABILITY/MEDICAL CONDITION SPECIAL NEEDS FORM 2008

WHICH SECTIONS OF THIS FORM SHOULD YOU COMPLETE?

Students with permanent disabilities, who have registered with Student Assist (Disability Office) last year AND who require the same assistance as provided previously, need only complete and return this page.

New students, students who have temporary or degenerative disabilities or students with permanent disabilities who require modifications to assistance previously provided MUST complete and return the entire form.

If you are unsure of the accommodations that have been provided to you previously, or if you are unsure how recently you have supplied supporting medical documentation, please contact Student Assist.

This information is collected so that the University may make reasonable adjustment for the individual student and to ensure that the most appropriate assistance may be given during their studies at UNE.

Is your disability/medical condition permanent? Yes No

Have you previously been registered with the Disability Unit? Yes No

Do you wish to subscribe to the UNE Disability Mailing List ? Yes No

PERSONAL INFORMATION

Full name: _____

Student Number: _____

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

Fax: _____ Email: _____

Semester Address: _____

Home Address: _____

DECLARATION TO BE SIGNED BY STUDENT

I, _____ do hereby confirm that the information provided by me is true and correct. Having read the University of New England Privacy Statement, I give permission for the Disability Unit to disclose particulars as is appropriate in relation to the provision of reasonable adjustments throughout 2008.

Signature

Date

Please return completed form in reply paid envelope enclosed, addressed to

**Disability Adviser,
Student Assist,
University of New England, Armidale NSW 2351**

COURSE INFORMATION FOR 2008

What degree/diploma/certificate are you enrolled in? _____

Faculty _____

Semester One Unit Codes: _____

Semester Two Unit Codes: _____

(If you have a change or variation in enrolment and you are receiving assistance from the Disability Unit please notify the Disability Adviser immediately)

DISABILITY/MEDICAL CONDITION/SPECIAL NEEDS

Please describe your disability/medical condition/special needs: _____

SPECIAL NEEDS/SERVICES FOR STUDY

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

If YES, please list:

(eg. Auslan interpreter for lectures/tutorials, study guide enlarged to A3, 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 2008

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:

- Level or wheelchair access to the examination venue and toilet facilities
- Assistance of a Scribe Reader
- Enlarged examination papers (to A3 size)
- Examination papers printed in Braille
- 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 (**Note: Computers will only be supplied to students who sit their examinations at the UNE**)
- 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)
- Examinations at home (with exam supervisor present)
- Other: (Please provide details) _____

REQUEST FOR ALTERNATE ASSESSMENT METHOD FOR 2008

NOTE: AN ALTERNATE FORM OF ASSESSMENT WILL NOT BE AUTOMATICALLY GRANTED AND ANY REQUEST MUST BE FULLY SUPPORTED BY THE MEDICAL PRACTITIONER/REGISTERED HEALTH PROFESSIONAL REPORT

Determination will be made on a case by case basis where there are exceptional circumstances.

- Alternate method of assessment required

Please provide details on why an alternate assessment is necessary

THIS SECTION TO BE COMPLETED 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 the University of New England.

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

TO BE COMPLETD BY THE STUDENT

TO STUDENTS: In the event that the University needs to seek clarification on aspects of your disability or recommend accommodations, would you please sign the following Release of Information?

RELEASE OF INFORMATION

I, give permission for the University to contact to the above named medical or registered health practitioner to seek clarification in relation to accommodations for my disability/special needs if required.

Signature

Date