



Disability Support / Special Needs Identification Form

This form should be completed by the prospective student or the program coordinator at the time of enrolment to ensure appropriate support, teaching and assessment strategies are implemented so each student/trainee has the opportunity to reach a positive outcome from the training

Name of student:Student No.

Address:

..... Post code:

Phone: (H) (W)

Mobile;

Email:

Course/program enrolled in:Course No.

Tutors name for the above course:

Scheduled commencement date:

Are you of Australian Aboriginal or Torres Strait Islander origin?

[] Yes [] No

Were you born in Australia?

[] Yes [] No

Do you speak a language other than English at home?

[] Yes [] No

If "Yes" which language?



Are you interested in accessing support to improve your English if help is available?

Yes No

Do you have a disability?

Yes No

What type of disability do you have?

Vision Intellectual Physical

Hearing Chronic Illness

Learning Difficulties Other

Do you need special assistance to complete the training?

Yes No

What type of support do you think would be beneficial?

Referred to to arrange necessary support or discuss options available with the student.

Signed.....

Date



This section to be completed by Coordinator/Manager/ Disability Support Officer

Date follow-up interview:

Support agreed to

Date support will commence/be available:

OR

Referral to other Services and/or Education Providers

Name/s of attendees at consultation:
.....
.....
.....

Review:

Review Timeframe:

A copy of the following documents have been received by the student

Rights and Responsibilities	[]	Yes	[]	No	
Disclosure of Information	[]	Yes	[]	No	No
Confidentiality Agreement	[]	Yes	[]	No	

Student Signature.....

Manager Signature.....

This section to be completed by the Course/Equity/College Manager

Has specific needs for support been identified for this student?

[] Yes [] No

Would reasonable adjustment by the trainer cater for the needs of this student?

[] Yes [] No

Detail Adjustments

.....
.....

Recommendations for Adjustment to Examination/Assessment Process
Assessment Details

Assessment Date Time

Room/venue

Assessors Name/s