

Instructions

This application form must be completed by the applicant or delegated nominee and submitted to Curtin College for approval. For further information, refer to the following documents:

- [Access, Diversity, Equity and Inclusion Policy](#)
- [Learning Access Plan Application Procedure](#)

Please note that your application will not be assessed until all documentation has been provided. Once all documents have been received your request will be assessed within 10 college working days.

SECTION 1: STUDENT DETAILS

Student No:		Date of Birth:	
Family name:		Given name(s):	
Address:			

Are you on a packaged offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you sponsored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 2: PROGRAM DETAILS

Program:	Choose an item.	Commencement date:	
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SECTION 3: IMPACT OF ACCESSIBILITY NEEDS

Describe how your accessibility needs will impact your ability to study at Curtin College.
State your reason below. Please include your reasons on a separate letter and attach to this application if you require additional space.

Have you previously applied for an access plan? Yes No If yes, when _____

SECTION 4: SUPPORTING DOCUMENTATION

Details of supporting documentation attached:

SECTION 5: REQUESTED ADJUSTMENTS

Changes to study/campus environment:

Changes to assessment dates or format

Changes to exam date or format

Any other changes (e.g., format of learning materials or assistive technology)

SECTION 6: STUDENT DECLARATION

- I declare that the above information is complete, true and accurate.
- I authorise my treating medical practitioner, health practitioner, approved specialist or Curtin College Counsellor to release any relevant information to the Curtin College staff in support of my application.
- I give permission to the College to share information about the impact of my accessibility needs on my studies with relevant staff to facilitate the review of this application.
- I confirm that I have read the policy and procedure above, and understand my responsibilities in the implementation of my Learning Access Plan Application.
- I hereby give authority to my Health Practitioner to release information relating my accessibility needs to Curtin College, and also grant permission for the College to contact my Health Practitioner for purposes of confirming information provided, if required.

Student Signature:		Date:	Click or tap to enter a date.
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PRACTITIONER'S REPORT

Instructions

This application form must be completed by the student's Health Practitioner, who is familiar and qualified to assess accessibility needs, with consent from the student.

HEALTH PRACTITIONER: To Assist Curtin College in providing the most appropriate support for this student, please provide the following information. The student's agreement to release this information is available in Section 6, on page 2 of this document. You can contact Curtin College if you have any questions.

SECTION 7: NATURE OF ACCESSIBILITY NEED/S

Student No:		Date of Birth:	
Family name:		Given name(s):	

Is this student the sole carer to a person with accessibility needs? Yes No

SECTION 8: NATURE OF ACCESSIBILITY NEED/S

How long has the student been known to your service?	
Indicate the type of condition (please tick):	<input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health <input type="checkbox"/> Neurological <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Medical <input type="checkbox"/> Physical / mobility <input type="checkbox"/> Other, please describe: _____
Date of onset (approximate, if known):	
Expected Duration of the accessibility need (please tick appropriate box)	<input type="checkbox"/> Ongoing <input type="checkbox"/> Temporary (less than 3 months) <input type="checkbox"/> Days: _____ <input type="checkbox"/> Approximate duration: _____

Please provide a statement on the impact of the accessibility needs on the student's ability to study at Curtin College: *[Consider the functional impact on the following: reading, writing, speaking, cognitive processing, concentration, social interaction, sitting intolerance, stamina, mobility orientation, accessing learning materials, and others.]*

Recommendations for reasonable study adjustments (Please identify and outline specific study adjustments which you believe would assist the student to undertake and complete their studies):

Reasonable adjustments required for classroom and campus environment (e.g. standing and sitting requirements, permission to record classes, extra assistance with practical classes, provision of extra notes/materials)

Reasonable assessment modifications including addition time for assignments, exams and other course work.

Reasonable changes to exam date or format

Other reasonable study requirements and adjustments not previously listed.

SECTION 9: Timeframe of this documentation

Please indicate the timeframe you recommend for review of this student’s medical documentation in relation to the provision of adjustments during their studies.

3 months
 6 months
 12 months
 18 months
 24 months
 Other, please provide reason:

SECTION 10: Practitioner’s details

Name:		Registration/ Provider No:	
Position/Occupation:		Name of Practice / Organisation	
Email address:			
Address:			
Contact Number:			

Practitioner’s Signature:		Date:	Click or tap to enter a date.
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