

Application for Resources and Assistance for Trainees with a Disability/Health Condition

Please advise us if you require this information to be supplied to you in large format.

IPLS is committed to supporting the participation of trainees with a disability/health condition which may impact their learning. If you consider your study may be affected in some way due to your condition, please complete this form so we can consult with you in order to provide the most appropriate reasonable accommodation.

Surname/ Family name		First/ Given name	
Street			
Suburb		City	Postcode
Contact Phone Number		Email Address	

So we can assist you further, please tick the boxes that most closely describe your health condition.

Hearing	Vision	Learning	Head Injury
Medical	Mobility	Anxiety	Speech

In which Intake are you enrolled?

What reasonable accommodation do you require to your support needs (eg extra time for assessments, use of special equipment, etc).

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Eligibility for Assistance

To be eligible for assistance you must include supporting documentation from a relevant health professional with this application. This must describe:

- The specific health condition.
- The impact this condition has (or may have) on your learning with IPLS.
- Support services you require (if applicable).

You must also provide a signed copy of the Health Documentation Form emailed to you with this form.

Privacy

IPLS undertakes to protect the confidentiality of your personal information in accordance with the Privacy Act 1993. The purpose of collecting this information is to enable IPLS to provide equity of educational opportunity to all trainees. Access to the information is potentially available to only IPLS employees who require the information to assist them to achieve the above purpose in accordance with the Human Rights Act 1993.

Trainee		Date	
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