

Use this form to provide Equitable Learning Services (ELS) information about the impact of your disability, long-term illness and/or mental health condition on your studies. Submit this form via els@rmit.edu.au.

Confidentiality and privacy statement

This form gives Equitable Learning Services (ELS) permission to store and communicate necessary information about you. Before signing the form, please read the information below. If you have any questions, please email us via els@rmit.edu.au.

We value your privacy and have a strong commitment to confidentiality. The ELS team stores and communicates student information according to the requirements of the Australian Legislation: Privacy and Data Protection Act 2014 and, where health information is concerned, the Health Records Act 2001.

The ELS team collects your personal information for the primary purpose of providing services and/or educational adjustments relating to your disability and/or conditions. We will use your information to:

- register you with the Equitable Learning Services;
- determine reasonable adjustments for you;

This means that your Equitable Learning Plan and the functional implications of your condition(s) may be shared within the ELA team and with relevant RMIT and external agency staff on a need to know basis (such as your Educators, School administrators, Library Disability Liaison and the RMIT Examination and Assessments team). Please note any health/medical documentation provided is confidential and will not be shared.

Providing your information and consent (see below) is essential for ELS team and the University to provide reasonable adjustments to support you during your studies. You can request access to, and corrections of, any personal information collected about you by emailing us: els@rmit.edu.au. For more information on how we handle personal information, please refer to the [RMIT Privacy Statement](#).

Section A: Student details

First Name: _____ Family Name: _____

Student number: _____ Telephone: _____

By signing this form, I acknowledge that I have read and agree with the privacy and confidentiality statement and I authorise Equitable Learning Services to seek information from my health practitioner or provider to verify the information. I declare that, to the best of my knowledge, all third-party documents that I provide are true and accurate.

Student signature: _____ Date: _____

Section B: Learning Impact information

Use this form to provide Equitable Learning Services information about the impact of your disability, long-term illness and/or mental health condition on your studies and information about your course.

Personal details

Student name	
Student number	
Program code	
Program name	
School	
Program type (e.g. undergraduate, postgraduate or research)	
Enrolment (full-time or part-time)	

Tell us about the impact of your disability on your ability to undertake assessment tasks (e.g. exams, assignments, presentations, labs, online tests, practical classes).

Tell us about the impact of your disability on non-assessment related activities (e.g. getting to and moving around campus)

In previous or current studies what kinds of adjustments have assisted you?

Does your program of study include a work-integrated learning (WIL) component that you believe might be impacted upon by your disability?

Section C: to be completed by practitioner or health care provider

Student's name: _____

Practitioner's name: _____

Address: _____

Name (diagnosis) of disability, long-term illness and/or mental health condition:

Provider stamp/number

Indicate condition:

- Hearing Vision Physical Neurological
 Medical Mental health Other: _____

Indicate duration of the condition's impact:

- 6 months 1 year 2 years Ongoing

Indicate impact of condition:

- Fluctuating Constant Improving Degenerating

How does the disability, long-term illness and/or mental health condition impact on the student's study? (for example, inability to sit for long periods, fatigue, loss of concentration) Attach further information if required.

Other comments or suggestions that may assist with determining support (for example, rest breaks or extra writing time for exams).

Practitioner's signature: _____

Date: _____