

Access and Equity Program Registration Form - Higher Education

This document is to be used to register for the College's Access and Equity Program (AEP):

- Part A - is to be completed by the student
- Part B - is to be completed by a qualified health professional

Once completed, please send this Registration Form to your local Access and Equity (A&E) Officer at your nearest College campus via HEsupport@martin.edu.au.

Providing the necessary complete documentation will enable you to be registered as an A&E student with the College. Registration then permits a reasonable adjustment plan to be drafted for approval by the Director, Student Services & Retention, and the Head of Department for your enrolled course.

- Please note that only adjustments deemed reasonable will be implemented on an individualised reasonable adjustment plan
- Kindly contact the A&E Officer at your local campus if you have any questions about completing this Registration Form

PART A - Student to complete Sections 1 - 4

1. PERSONAL DETAILS

Student Number		Campus	
Title	Given Name	Family Name	
Address			
Suburb		State	Postcode
Phone Number		Date of Birth	
Email			

2. STUDY DETAILS

Course Title		Expected Year of Completion	
Study Load	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	
Student Type	<input type="checkbox"/> Domestic	<input type="checkbox"/> International	

3. GENERAL INFORMATION

Please identify your diagnosed medical condition/s and/or disability

- | | | |
|--|--|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Neurological | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Medical Condition: | | |
| <input type="checkbox"/> Other: | | |

Please identify any difficulties or concerns that may arise during your course of study relating to your disability or medical condition:

Have you used any supports in prior study? If so, please identify what supports assisted you in being successful in your studies:

How can we support you in your studies with Martin Higher Education? Please provide examples of some adjustments for consideration in developing a reasonable adjustment plan for you:

Please tick some of the common adjustments available and provide more information in the space below:

- | | |
|---|--|
| <input type="checkbox"/> Alternative learning materials | <input type="checkbox"/> Extra time in paper exams |
| <input type="checkbox"/> Regular contact with a Student Adviser | <input type="checkbox"/> Sitting at the front of the lecture room |
| <input type="checkbox"/> Extra time in online quizzes | <input type="checkbox"/> Requiring regular breaks during theory subjects |
| <input type="checkbox"/> Other: | |

Do you identify with a specific learning style? What teaching strategies may be beneficial to you?

- | |
|--|
| <input type="checkbox"/> Visual Learner - Prefer the use of images, graphics and maps to access and understand new information |
| <input type="checkbox"/> Auditory Learner - Best understand new content through listening and speaking and repetition techniques |
| <input type="checkbox"/> Tactile Learner - Remember new information through reading and writing/taking notes in class |
| <input type="checkbox"/> Kinesthetic Learner - Learn best through doing and participating in demonstrations and movement |
| <input type="checkbox"/> Other: |

What do you feel is a manageable study load for you?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
|------------------------------------|------------------------------------|

Do you have a preference for online or on-campus (face-to-face) study?

- | | | | |
|---------------------------------|---------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Online | <input type="checkbox"/> Campus | <input type="checkbox"/> Blended (Online & Campus) | <input type="checkbox"/> I'm not sure |
|---------------------------------|---------------------------------|--|---------------------------------------|

Are there any facilities or classrooms at Martin Higher Education that you're aware of that may be difficult for you to use or navigate? If so, please provide details:

Is there any other information that you would like to share with us?

4. DECLARATION

In accordance with the *Disability Discrimination Act 1992*, the collection of personal information is required to establish your support needs if you have a disability, mental health issue or ongoing medical condition. The information you provide Martin Higher Education is subject to the *Information Privacy Act 2000* and, in the case of health information, to the *Health Records Act 2001*. The information provided on this form and in all supporting documentation will be used by the College to process your registration for the Access and Equity Program (AEP), and to aid in determining and managing the provision of services to you.

We will safeguard the confidentiality of your information in accordance with the legislation. In processing your registration it may be necessary to discuss the information provided to us with College staff outside the AEP, or with an agency external to the College.

By signing this form you acknowledge and agree that the College may disclose a portion of your personal information to:

Related teachers, trainers and supervisors for the purpose of identifying and providing reasonable adjustments for your disability or medical condition, and

Related teaching bodies, medical practitioners, the police, and professional accreditation and registration bodies, where the College considers it necessary to do so in order to meet legal obligations relating to your health, safety and welfare and that of other people;

Where there is a legal obligation to do so; there is a serious threat to your life, health, safety or welfare or that of another person; or in other circumstances permitted by privacy legislation.

You acknowledge and accept:

The need to provide accurate and complete information about your disability, medical condition or personal needs, including any changes in the future; and that late notification or failure to notify the Access & Equity Officer of relevant information may impact on the ability of the College to identify or organise appropriate services or adjustments for your specific needs

Members of the academic and administrative staff of the college and relevant committees etc. shall have access to relevant portions of an official student academic record for purposes related to the performance of their duties. A staff member requesting information must have a legitimate need to have the requested information for the effective functioning of the position or office. Access to medical or sensitive information shall be granted to members of the academic and administrative staff only with the prior expressed or implied consent of the student. Such information is only accessible following self-disclosure by the student to the Director, Student Services & Retention and relevant or respective Access and Equity Officers on each campus. Refer to the [Student Records Policy - Higher Education](#) and the [Privacy Policy](#) on the College's website.

Consent:

You provide consent to the Qualified Health Professional as stated within PART B of this [Access and Equity Program Registration Form - Higher Education](#), to release the requested information and advice to the College (and its representatives), to aid in determining and managing the provision of services to you in relation to your studies.

You acknowledge that you are responsible for providing the Qualified Health Professional with any supplementary evidence of your consent that they may require for their own records, prior to releasing any of your personal information to the College.

Student Signature

Date

PART B continues on the following pages

PART B - Qualified Health Professional to complete Sections 5 - 7

Dear Qualified Health Professional,

RE: Documenting the registration of disability and / or medical condition/s of one of your patients

Your patient has indicated that they are suffering from a condition or disability that may affect their ability to equally participate in their course of study with Martin Higher Education. To assist developing a reasonable adjustment plan, we request information from you regarding the impact of your patient's medical condition or disability and request recommendations on how we might best support your patient in their studies.

The College's Access and Equity Program requires students to provide documentation of their disability and/or medical condition before they are eligible to receive support services. Your assistance in completing this form will assist your patient in receiving support from an Access and Equity Officer by way of approved reasonable adjustments.

For queries relating to this Access and Equity Program Registration Form please contact the A&E Officer of the nearest Martin Higher Education campus:

- Email: HEsupport@martin.edu.au
- Phone: 1300 762 129

5. PROFESSIONAL CONTACT DETAILS

Title	Given Name	Family Name
Position Title		
Practice Address		
Suburb	State	Postcode <small>Enter Postcode</small>
Phone Number		
Email		

Please affix your business card or stamp here

6. PATIENT DETAILS

Disability/Medical Condition

Diagnosis

Condition Type	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Neurological
	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mental Health
	<input type="checkbox"/> Medical	<input type="checkbox"/> Other:	

Duration Permanent Temporary and will impact student until:/...../.....

Status Improving Fluctuating Constant Degenerating

Please comment on how the disability/medical condition may impact on the student's ability to study and participate?
(E.G.: inability to sit for long periods, fatigue, loss of concentration, pain, etc.)

What recommendations for reasonable adjustments can you suggest? (E.g. Extra time, use of computer for examinations, provision of note taking, rest-breaks during exams, etc.)

Please provide any additional comments that may be useful in the development of a reasonable adjustment plan to support your patient's studies:

7. DECLARATION

I (the undersigned), certify that the documentation provided on this form is correct to the best of my knowledge.

Qualified Health Professional Signature

Date

Please return this Registration Form to the student for their submission