

PO Box 2286 Strawberry Hills NSW 2012 CRICOS Provider Code: 03662D ABN: 19 892 732 021

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STUDENT ACCESS FORM

AFTRS is committed to ensuring students have safe and accessible environments and conditions for study, creativity, and growth. As per **Section 5** in the Student Handbook, AFTRS is committed to providing students living with disability, chronic illness, or medical condition/s whether permanent, temporary, episodic, or fluctuating access to support.

Students can make a disclosure in person at the Student Centre or via this Student Access form at any time while studying. As soon as a student makes contact Student Centre can provide information on what support is available. There is a certain level of disclosure needed if you are seeking reasonable adjustments.

Please complete this Student Access Form and along with supporting documentation submit via email to studentinfo@aftrs.edu.au. Once all documentation has been received by the Student Centre a Student Engagement Manager will be in contact to arrange a meeting. In this meeting support options such as Learning Access Plan can be discussed. A Learning Access Plan is a co-developed document providing details of reasonable adjustments that support students with a disability and/or medical condition in their course. This is in accordance with requirements of the Disability Discrimination Act (1992) and Disability Standards of Education (2005).

1. STUDENT DETAILS						
Name:		Student No:				
Course:						
2. STUDENT ACCESS INFORMATION						
Please provide i	the box below details of your access needs, disability, chronic, or med n the box below what support / reasonable adjustments you are practitioner. For example, extended time to complete an assessm	e requesting or h				

Please provide medical certificate/s, a completed AFTRS Health Practitioner Statement, or other documentary evidence to support your application. Refer to the Student Handbook for guidelines regarding medical certification.

If a Learning Access Plan is developed the Student Centre will share the plan confidentially with your teaching staff and other relevant staff who support you during your studies. You will have the opportunity to discuss sharing and confidentiality with a Student Engagement Manager.



4. STUDENT DECLARATION				
I declare the information I have submitted in the false or misleading information may also be an process this application or vary or reverse any deperson or organisation within the supporting of they contain.]	offence under the Crimi ecision concerning this ap	nal Code. For th plication. [I autho	at reason, a orise AFTRS	AFTRS may not to contact any
SIGNED:		DATE:		
5. PRIVACY INFORMATION				
AFTRS requires the information you give in this Where required to meet AFTRS' legal or admir Australian government entities. AFTRS collects an law and AFTRS' <u>Privacy Policy</u> , which sets out ho about you, and how you may complain about any OFFICE USE ONLY	nistrative obligations, AFTI ad deals with your personal w you may access and co	RS may disclose I information acco	information ording to Au	n in it to other Istralian privacy
6. RECOMMENDATION AND APPROVAL				
Application received in the Student Centre:		Date:		
Application complete with all required documer		Date:		
Meeting with Student Engagement Manager:		Date:		
Does the student require support services or rease NO If yes, provide details or develop a Learning Access Has the student given permission for program starequired? YES NO	ss Plan.			
If yes, please specify.				
Student Engagement Manager: Recommended Not Recommend	Signature:		Date:	
Head of Student Centre or delegate: Approved Not Approved	Signature:		Date:	
7. STUDENT CENTRE NOTES:				

