

# Accessibility Services Request Form

## Personal Information

### Prospective Student/Current Student (Delete as Appropriate):

Full Name: \_\_\_\_\_ Student ID (if available): \_\_\_\_\_

Nationality: \_\_\_\_\_ Course Applied/Enrolled: \_\_\_\_\_ Intake / Year: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name of Parent/Guardian (if you are under 18 years of age): \_\_\_\_\_

Contact Number and Email of Parent / Guardian: \_\_\_\_\_

Address of Parent / Guardian: \_\_\_\_\_

### DECLARATION OF CONDITION:

Please indicate whether you have been diagnosed with or assessed for any of the following conditions by ticking the relevant box.

CONDITION	Please tick if applicable
Attention Deficit / Hyperactivity Disorder	<input type="checkbox"/>
Medical / Physical Disability	<input type="checkbox"/>
Spinal Cord / Traumatic Brain Injury	<input type="checkbox"/>
Speech Disorders	<input type="checkbox"/>
Anxiety/Depression/Phobia/Trauma and/or Psychological Condition	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Blindness / Visual Impairment	<input type="checkbox"/>
Deafness / Hearing Impairment	<input type="checkbox"/>
Other Conditions (Please specify): _____	

### ACCESSABILITY SUPPORT REQUIREMENT:

Will you require accessibility services during your studies with us?

Yes  No

ACCESSABILITY REQUEST: EXAMINATION/ASSESSMENT ADJUSTMENT*Please tick if applicable	
Extension of assignment deadline	<input type="checkbox"/>
Additional working time during examinations	<input type="checkbox"/>
Rest breaks during examinations	<input type="checkbox"/>
Alternative formatting of examination papers	<input type="checkbox"/>
Alternative room with suitable lighting	<input type="checkbox"/>
Use of alternative furniture (e.g. chairs, adjustable tables, lecterns)	<input type="checkbox"/>
Wheelchair access	<input type="checkbox"/>
Use of a computer	<input type="checkbox"/>
Other requests: _____	

## VALIDITY PERIOD OF ACCESSABILITY REQUEST

AccessAbility requests will be assessed for the **duration of your studies or as applicable**. A new submission with updated **supporting documentation** may be required once the validity period expires. Please indicate the validity period of this request:

From: \_\_\_\_\_ (month/year) To: \_\_\_\_\_ (month/year)

## CURRENT TREATMENT OR SUPPORT

Please indicate if you are receiving any treatment, therapy or professional support for your condition currently:

---

---

---

## IMPORTANT INFORMATION

*Students, parents, or guardians of students with accessibility challenges must ensure that the student is receiving appropriate and regular external support from a licensed professional where necessary to support the student's physical, emotional, and psychological well-being.*

*Completion of this Accessibility Services Request Form assists the University in developing an Accessibility Support Plan. Students remain fully responsible for their own physical safety, emotional health, and psychological well-being.*

## SUPPORTING DOCUMENTATION REQUIREMENT

*If you require accessibility services, please submit supporting documentation relevant to your condition.*

*Documentation must meet the following requirements:*

### *Temporary or Episodic Conditions*

*Documentation should be current and clearly specify a timeframe covering the application period and the commencement of studies.*

### *Ongoing Conditions*

*Documentation should generally be less than two years old, unless the condition is permanent and unlikely to change significantly (e.g., permanent vision impairment).*

### *Learning Disabilities*

- Less than 3 years old if assessed during secondary school*
- Less than 5 years old if assessed during tertiary studies or adulthood*

## SUBMISSION OF FORM

*For current students:* Please email the completed form to [accessability-singapore@jcu.edu.au](mailto:accessability-singapore@jcu.edu.au)

*For prospective students:* Please submit this completed form to the **Recruitment team together with your course application**

## DECLARATION AND SIGNATURE:

Student's Signature & Date: \_\_\_\_\_

Parent/Legal Guardian's Signature & Date: \_\_\_\_\_  
(Required if you are under 18 years of age)

Version 3.4 20 April 2026

## CONFIDENTIALITY STATEMENT

*All information and documents submitted through this form will be kept securely confidential and maintained by the University. This information is collected solely for the purpose of assessing and providing appropriate accessibility support to students.*