

**PERSONAL INFORMATION:**

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ Course Applied for: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

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

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

**DECLARATION:**

1. Please kindly indicate if you have been diagnosed or has undergone assessment for any of the below conditions by ticking the appropriate box provided (Kindly submit documentary proof to support your condition please):

<b>Condition:</b>	<b>Please tick if applicable</b>
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 other Psychological Concerns	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Blindness / Poor Vision	<input type="checkbox"/>
Deafness / Poor Hearing	<input type="checkbox"/>
Other Conditions:	
_____	

2. Will you be requiring accessibility services during your studies with us?  Yes  No

**ACCESSABILITY REQUEST**

<b>Exam Adjustments:</b>	<b>Please tick if applicable</b>
Use of a scribe or reader	<input type="checkbox"/>
Additional working time	<input type="checkbox"/>
Rest breaks	<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. ergonomic chairs, adjustable tables, lecterns)	<input type="checkbox"/>
Wheelchair access	<input type="checkbox"/>
Use of computer	<input type="checkbox"/>
Other Requests:	
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3. Please indicate if you are receiving any treatment for your condition currently:

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*Parents and Guardians of students with accessibility challenges must ensure that the student is receiving proper and regular external support from a licensed professional to ensure the physical, emotional and psychological well-being of the student.*

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

Parent/Guardian's Signature & date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Remarks:

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Recommendation by

Associate Director Admissions, Enrolments, Examinations & Student Systems: \_\_\_\_\_  
Signature & Date

Acknowledgement by

Campus Dean: \_\_\_\_\_  
Signature & Date