

STUDENT INTAKE FORM

PERSONAL INFORMATION:

Family Name: _____ Given Name: _____

Nationality: _____ Course Applied: _____ Intake / Year _____

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 have undergone assessment for any of the below conditions by ticking the appropriate box provided.

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 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 – EXAMINATION ADJUSTMENT*	Please tick if applicable
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:

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.

**Should you require accessibility services during your studies with us, please submit your supporting documents that relate directly to your condition. Supporting documents must be valid within the time frame indicated below.*

- a) For students with a temporary/episodic condition: documentation should be current (i.e. Specifies a time frame includes at least the application period and the commencement of study at JCU)*
- b) For students with an ongoing condition: less than two years old unless the condition is permanent and unlikely to change significantly with time (e.g. fixed vision impairment; schizophrenia etc.).*
- c) For students with a learning disability: less than three years old if conducted during secondary school, and less than 5 years old if conducted during tertiary studies or adulthood.*

Student's Signature & date: _____

Parent/Guardian's Signature & date: _____

FOR OFFICIAL USE ONLY:

Recommendation by Director Admissions, Academic Services, and Progression

Remarks:

Name, Signature & date: _____

Acknowledgment by Campus Dean

Remarks:

Name, Signature & date: _____