Consent to Share Information

AccessAbility Services

Registration with AccessAbility Services may require the discussion of your circumstances with staff outside AccessAbility Services for the development, review and implementation of reasonable adjustments.

This form allows you to document the type of information you authorise AccessAbility Services to share with other University staff (including academics, college support staff, placement staff, support services and examination staff) as well as support services external to the Singapore Campus of James Cook University ("**University**") that may be supporting you.

I, _____ Student ID: _____
Acknowledge and agree that it has been discussed and explained with me how and why certain information about myself may be shared and;

☐ I hereby authorise and give the AccessAbility Services staff of the University permission to collect, use and disclose the following information, when necessary to assist me to participate in my studies.

Please tick one option only – either 1 or 2:

Consent option	Information you consent to be shared	To whom	To assist me to participate in my studies through:
1 ☐	**My diagnosis / diagnoses and the effects of my condition(s) on my studies**	• University academics and College administration staff involved in my current subject(s) enrolment • University Examinations staff for the implementation of exam adjustments • University professional staff listed below (ie Indigenous Education & Research Centre, International, University Counsellor, etc) • James Cook University (Singapore Campus) • Service(s) external to the University who are supporting me (ie GP, Psychologist, Social Service provider, family members etc); Please list: _____ _____	• An Access Plan (which includes exam adjustments) • Case management • Collaborative discussions to identify appropriate reasonable adjustments • Capacity building

2 ☐	**Neither my engagement with the service, diagnosis / diagnoses of the effects of my condition(s) on my studies**	No other staff members at the University outside AccessAbility Services of the University. No services external to the University who are supporting me.	Please note Accessibility Services will not be able to put any reasonable adjustments in place under this level of consent.

Please read and tick the following statements-

- ☐ I understand that Accessibility Services staff will undertake all reasonable precautions to ensure that the information collected is kept confidential, secure and managed in accordance with the Personal Data Protection Act 2012 and the University's Privacy Policy.
- ☐ I understand that this consent remains valid for the length of my study at the University and I can revoke or modify this consent at any time. I am aware that should I have any questions or concerns, I should discuss with an AccessAbility Advisor
- ☐ I understand that all AccessAbility Services staff (AccessAbility Advisors, AccessAbility Support Officers and as required Manager Learning Development) will have access to my case file to assist with the management and implementation of support services. Should I wish to withdraw consent from a particular staff member in AccessAbility Services, I shall email accessability-singapore@jcu.edu.au
- ☐ I understand that the level of consent I have chosen will impact on the level of support AccessAbility Services is able to provide me.
- ☐ I am aware that there are limits to confidentiality and that AccessAbility Services staff may be required to release my information, without my consent, under the following circumstances:
    a) Failing to disclose the information would place me or another person in serious or imminent risk of harm
    b) The disclosure is required by law or a court has ordered the release of the information for legal purposes
- ☐ I understand some anonymised data may be used to comply with Government and/or University reporting.

*For **Current Student**, please email this completed form to **accessability-singapore@jcu.edu.au***

*For **Prospective Student**, please submit this completed form to recruitment team together with your application*

Student's Signature: _____ Date: _____

On Access (Staff Use Only)