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	☐
Medical / Physical Disability	☐
Spinal Cord / Traumatic Brain Injury	☐
Speech Disorders	☐
Anxiety/Depression/Phobia/Trauma and/or Psychological Condition	☐
Learning Disability	☐
Blindness / Visual Impairment	☐
Deafness / Hearing Impairment	☐
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	☐
Additional working time during examinations	☐
Rest breaks during examinations	☐
Alternative formatting of examination papers	☐
Alternative room with suitable lighting	☐
Use of alternative furniture (e.g. chairs, adjustable tables, lecterns)	☐
Wheelchair access	☐
Use of a computer	☐
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***

*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)

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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.***