SYDNEY POLYTECHNIC INSTITUTE

Level 4, 191 Thomas Street Haymarket NSW 2000
Phone: 02 9055 8558 **Email:** admissions@spi.nsw.edu.au **Website:** www.spi.nsw.edu.au **ABN:** 89 640 503 162 **Provider ID:** PRV14354 **CRICOS Provider Code:** 04090E

Student Adjustment Registration Form

Complete this form to advise Sydney Polytechnic Institute (SPI) of any disability, learning need, health condition or other factors that may require adjustments to your learning environment. Note that your health practitioner/provider must complete the required sections. Before completing this form, please visit the SPI website for further details about our courses.

SPI will protect the confidentiality of information provided in compliance with all relevant Australian legislation. Evidence and information provided will only be used and available to Disability Services and relevant staff members. Further information regarding SPI information management practices and privacy policy can be found on the SPI website.

Section 1: Personal Details

Family Name:	Given Name:
☐ Current Student or ☐ Prospective Student Student No.:	
Date of Birth (dd/mm/yyyy):	Gender: ☐ Male ☐ Female ☐ Other
Australian Residential Address:	
Email:	
Home number:	Mobile number:

If you are an international student:

Home Country Residential Address:

Do you have OSHC (overseas student health cover)? ☐ Yes ☐ No	If yes, policy no.:

Do you identify as a Aboriginal and/or Torres Strait Islander?: ☐ Yes ☐ No

Section 2: Disability/Medical Information

Disability/Health Condition:

Please provide details of your condition(s):

Please provide a description of how your condition(s) will impact your studies:

Section 3: To Be Completed By Your Health Care Practitioner/Provider
This section is to be completed by your health care practitioner or provider.

Family Name:	Given Name:
Address:	
Phone number:	
Email:	

Please indicate the type of condition(s) (e.g. neurological, vision, etc.):

Does the applicant have any psychological learning assessments, medical certificates and/or reports regarding their condition(s)? ☐ Yes(Please attach evidence) ☐ No

Attach evidence along with this application form.

Please provide comments or suggestions to assist with determining adjustments to the applicant's learning environment (e.g. rest breaks):

Please indicate duration of the condition: ☐ Permanent ☐ Temporary (please specify): _____

Signature of Practitioner:	Date (dd/mm/yyyy)

Section 5: Applicant's Declaration

I understand and agree to the following conditions,

- I declare that all the information on this form is correct and complete in every detail and understand the inaccurate information I provided could lead to non-acceptance of my application.
- I authorise SPI to obtain further supporting information or official student records from any other institutions/organisations, including my health practitioner/provider, where necessary in regard to my application.
- I acknowledge and agree that SPI would use my information where is necessary based on SPI's *Record and Information Management Policy*.

Signature of Student	Date (dd/mm/yyyy)

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Office use only

Received by:	Date (dd/mm/yyyy)

Additional Comment:

_____

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_____

Assessed by _____

Signature:_____ Date:_____