

Intake Form - Confidential

For students who have a disability, mental health issue or long term medical condition

Last Name		First Name	
Student Number		Date	
Email (La Trobe student email only)			
Address/Semester		Address/Permanent	
Phone:	Home	Mobile	
Course		Course Code	
Faculty			
Year Commenced Course	Year currently studied	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	
Are you an international student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Select the category that relates to your condition:			
P <input type="checkbox"/> Physical or mobility disability (including disabilities resulting from musculoskeletal disorders, Cerebral Palsy or degenerative neurological conditions such as Multiple Sclerosis or Muscular Dystrophy)			
V1 <input type="checkbox"/> Visual disability requiring the use of Braille formats for written material			
V2 <input type="checkbox"/> Visual disability requiring the use of alternative formats other than Braille for written material including transcription, scanning, enlarged print and audio taping			
V3 <input type="checkbox"/> Visual disability not requiring the use of alternative formats			
H1 <input type="checkbox"/> Deaf/Hearing loss requiring the use of Auslan or signed English Interpreters			
H2 <input type="checkbox"/> Deaf/Hearing loss not requiring the use of Interpreters			
L <input type="checkbox"/> Learning disability			
M <input type="checkbox"/> Psychiatric or mental health disability			
A <input type="checkbox"/> Attention deficit disorder (ADD or ADHD)			
B <input type="checkbox"/> Acquired brain injury (including disabilities resulting from head injury or stroke)			
I <input type="checkbox"/> Intellectual disability			
O <input type="checkbox"/> Other. Please Specify _____			
Is your condition: Permanent <input type="checkbox"/> Fluctuating <input type="checkbox"/> Temporary <input type="checkbox"/>			

Please provide brief details about your condition

Please describe how your condition impacts on your study

Please provide details of support you have used in previous study

Please provide details of services you have previously used or are currently using, for example;

- Vision Australia VicDeaf/Sign Language Communication Victoria
- Mental Health Services (please specify) _____
- _____
- Other please specify _____
- _____

Signed (student) _____ Date: _____

Signed (Disability Advisor) _____ Date: _____

Staff Contact Details:

Albury-Wodonga Campus

P (02) 6024 9628

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