

## Personal Details Form

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Address (Permanent) \_\_\_\_\_

Address (During semester) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email \_\_\_\_\_

Course \_\_\_\_\_ Faculty \_\_\_\_\_

Campus \_\_\_\_\_

Year you Commenced Course \_\_\_\_\_

Full time / Part time (please circle)

Are you an International Student? Yes / No (please circle).

Select the category that relates to your condition (please circle):

- P** Physical or mobility disability (including disabilities resulting from musculoskeletal disorders, Cerebral Palsy or degenerative neurological conditions such as Multiple Sclerosis or Muscular Dystrophy).
- V1** Visual disability requiring the use of Braille formats for written material.
- V2** Visual disability requiring the use of alternative formats other than Braille for written material including transcription, scanning, enlarged print and audio taping.
- V3** Visual disability not requiring the use of alternative formats.
- H1** Deaf/Hearing loss requiring the use of Auslan or signed English Interpreters.
- H2** Deaf/Hearing loss not requiring the use of Auslan Interpreters.
- L** Learning disability.
- M** Psychiatric or mental health disability.
- A** Attention deficit disorder (ADD or ADHD).
- B** Acquired brain injury (including disabilities resulting from head injury or stroke).
- I** Intellectual disability.
- O** Other. Please specify.

Is your condition (please circle):

Permanent

Fluctuating

Temporary

Please provide brief details about your condition.

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Please describe how your condition impacts on your study.

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Please provide details of support you have used in previous study and describe any services you feel you may need now.

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The information you have provided on this form may be used by the university to monitor the performance of the student support system and to develop future policy. Any published output from this statistical work will be anonymous and will not identify individuals.

Signed (student) \_\_\_\_\_ Date: \_\_\_\_\_

Signed (DLO) \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Contact Details:**

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**Mildura Campus**

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