In accordance with the Disability Discrimination Act 1992, the collection of personal information by the University is required to establish your support needs if you have a disability, mental health issue or ongoing health condition.

Unless you give consent to your personal details being used for other purposes, then those details will only be used by the University for the purpose of requesting the service, for a secondary related purpose, or for another that falls within one of the exemptions of use and disclosure in the privacy legislation.

In arranging supports for students with a disability relevant university staff members are informed of the adjustments/accommodations needed and may be informed of the nature of the disability. If you do not wish the nature of your condition to be disclosed, please indicate this on the following page.

You may have the right to access the personal information that we hold about you, subject to any exceptions in relevant laws, by contacting us.

Further information about La Trobe University’s Privacy Policy can be found at <http://www.latrobe.edu.au/privacy/>

**Disclosure of Confidential Information Agreement**

I understand that the University, through the AccessAbility Advisor (AA) will need to communicate with other people regarding my disability, mental health issue and/or health condition and the adjustments/accommodations needed.

|  |  |
| --- | --- |
| **By signing this form, I give permission for the AA to contact the following people:** |  |
| * Relevant University staff |  |
| * Health Practitioners and other relevant professionals for the purpose of clarifying my need for special services or facilities, as per documentary evidence I have provided. |  |
| * Agencies providing support services (eg. notetakers) with my name, contact details and services to be provided, where applicable. |  |
| * Others as specified below   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

I request that the following issues **ARE NOT** discussed with the following university staff, Health Practitioners or other relevant professionals:

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**Other comments / special requests**

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Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

AccessAbility Staff Contact Details:

**Regional Campuses**

**P** (03) 5444 7223

**E** [Access.ability@latrobe.edu.au](mailto:Access.ability@latrobe.edu.au)

**Melbourne, City Campuses & Online**

**P** (03) 9479 2900

**E** [Access.ability@latrobe.edu.au](mailto:Access.ability@latrobe.edu.au)