## La Trobe University Logo

## La Trobe University,

## Victoria 3086 Australia

## AccessAbility Hub

## Student Health and Wellbeing

## T +61 3 9479 2900

## E Access.ability@latrobe.edu.au

## W [AccessAbility Hub](https://www.latrobe.edu.au/students/support/wellbeing/accessability-hub/contacts)

**Registration Form – Confidential**

For students who identify as Autistic, ADHD, Dyslexic and/or another minority neurotype with Neurodiversity support needs, or live with or have a mental health condition, ongoing medical condition or disability (this may include physical, neurological, intellectual, sensory, acquired brain injury, or specific learning difficulty) or you have ongoing caring responsibilities for an adult or child who is Neurodiverse or lives with a mental health condition, ongoing or terminal medical condition, disability or who is frail and aged.

**Privacy & Confidentiality Information**

In accordance with [Privacy Laws and Principles](https://www.latrobe.edu.au/privacy/laws-principles) the AccessAbility Hub collects personal information to establish your support needs. Refer to La Trobe [Privacy Collection Notice](https://www.latrobe.edu.au/privacy/student-information/privacy-collection-notice) for more details. All information held by the AccessAbility Hub remains confidential unless disclosure is required by law.

When arranging your reasonable adjustments, relevant university staff members are informed of the functional implications of your condition and the recommended adjustments, as documented in your Learning Access Plan.

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| **Family Name:** | **Given Name:** |
| **Preferred pronouns:**  [ ]  **She/Her**  [ ]  **They/them** [ ]  **He/him** [ ]  **Other**  |
| **Student Number:**  | **Preferred Contact Number:**  |
| **Course:** |
| **Indigenous Australian:**  [ ]   | **International Student** [ ]  |
| **Campus:**☐ Albury-Wodonga☐ Bendigo☐ City | ☐ Bundoora☐ Mildura☐ Shepparton  | ☐ Didasko☐ Melbourne Polytechnic☐ Chisholm Institute☐ La Trobe College  | ☐ La Trobe Online – outside Australia☐ La Trobe Online – within Australia ☐ OUA |

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| **Do you identify as Autistic, ADHD, Dyslexic and/or another minority neurotype with Neurodiversity support needs, or live with or have a mental health condition, ongoing medical condition or disability (this may include physical, neurological, intellectual, sensory, acquired brain injury, or specific learning difficulty)?**[ ]  **Yes** [ ]  **No** Select the categories that relates to your condition:[ ]  Acquired brain injury (including disabilities resulting from head injury or stroke)[ ]  Autism/Asperger’s [ ]  Deaf/Hard of Hearing[ ]  Medical Condition [ ]  Specific Learning Difficulty, such as Dyslexia or ADHD[ ]  Mental Health Condition [ ]  Neurological[ ]  Physical/Mobility [ ]  Low Vision/Blind[ ]  Intellectual [ ]  Other, please specify: |
| Is your condition: [ ]  Temporary [ ]  Ongoing  |
| Please attach a copy of your Health Practitioners Statement AND/OR relevant supporting documentation. (Other relevant supporting documentation may be a comprehensive letter/report from a relevant health practitioner. **Important**: For students who identify as Autistic, ADHD, Dyslexic and/or another minority neurotype with Neurodiversity support needs, please provide relevant documentation that includes tests designed to assess and diagnose such conditions for an adult (aged 16 years or older) where available). |
| **Please provide brief details regarding the impact of your circumstances on your studies:***(Please use space provided below/attach additional documents if required)* |

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| **If you have an NDIS plan, would you like information on how your NDIS plan may support your University experience?**[ ]  **Yes**  [ ]  **No**  |

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| **Are you caring for a person with neurodiversity support needs, a mental health condition, ongoing or terminal medical condition, disability or someone who is frail and aged?** [ ]  **Yes** [ ]  **No** Are your responsibilities as a carer temporary or ongoing? Temporary [ ]  Ongoing [ ] Please attached a copy of your Carer Card AND/OR Carer Health Practitioners Statement.**How do your responsibilities as a carer impact on your studies?***(Please use space provided below/attach additional documents if required)* |

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| **Are you of refugee background?** ☐ **Yes** ☐ **No**Year of Arrival: Country of Origin: Languages Spoken:Visa Category: ☐ Bridging Visa (Class A/B/C/D/E) ☐ Temporary Protection ☐ SHEV ☐ Permanent Resident ☐ Australian CitizenPlease attach a copy of Visa / Centrelink documents: ☐ Yes ☐ No |

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| **Care Leavers - La Trobe offers a range of supports to students who have spent time in out-of-home care arranged by the Victorian Department of Health and Human Services or equivalent. Have you spent time in out-of-home care (including foster care, residential care, kinship care, and/or being a ward of the State)?** [ ]  **Yes** [ ]  **No** Do you consent to the AccessAbility Hub informing the Support Coordinator, Transition and Success that you have registered? [ ]  Yes [ ]  No |

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| **Would you like the AccessAbility Hub to inform any of the services listed below that you have registered with the AccessAbility Hub and may require additional assistance?** **Accommodation Services:** [ ]  **Yes** [ ]  **No****Indigenous Student Services:** [ ]  **Yes** [ ]  **No** **International Student Services:** [ ]  **Yes** [ ]  **No** |

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| **Declaring your condition or disability** The AccessAbility Hub provides a range of services with Commonwealth funding that is allocated according to the number of students that declare to the University that they identify as Autistic, ADHD, Dyslexic and/or another minority neurotype with Neurodiversity support needs, or live with or have a mental health condition, ongoing medical condition or disability (this may include physical, neurological, intellectual, sensory, acquired brain injury, or specific learning difficulty). Disclosing that you have a condition or disability when confirming your enrolment details via [StudentOnLine](https://latrobe-web.t1cloud.com/T1SMDefault/WebApps/eStudent/LoginADFS.aspx) helps us develop accurate statistics and access valuable funding. I give permission for the AccessAbility Hub to amend the details of my enrolment form to confirm that I have a condition or disability solely for the purposes of accessing funding from the Commonwealth Government. NB: Only de-identified information is reported to the Commonwealth Department of Education, Skills and Employment and the Higher Education Information Management System. [ ]   **Yes**[ ]   **No**  |
| **Consent & Disclosure Agreement**I give my consent to receiving occasional emails from the AccessAbility Hub, regarding information and opportunities that may be of interest to students registered with the AccessAbility Hub.**By signing this form, I give permission for the AccessAbility Hub to share relevant information with the following people/organisations:*** Relevant University staff; including subject coordinators and/or the examinations team.
* Health Practitioners and other relevant professionals for the purpose of clarifying my need for services or facilities, as per documentary evidence I have provided and only where there is a need to do so.
* Agencies/individuals providing services (e.g., readers/scribes/alternative formats) with my name, student number, contact details and services to be provided, where applicable.
* Others as specified here:

Signed (Student):Date: |