Access and Inclusion Support Form



CONFIDENTIAL

Relevant professional (for example, doctor or psychologist) to complete. Student to return to Access and Inclusion.

This information will be used to determine reasonable adjustments for the student's study at Charles Darwin University. Student confidentiality is protected under Charles Darwin University's *Privacy and Confidentiality Policy*.

Student Name:						
Student Number (if app	plicable):					
Date of Birth:						
Professional's Name:						
Profession:						
Provider Number:						
Phone Number:					Tr	reating professional's stamp
Email:						
Signature:			Date:			
condition, c	circumsta carer respo	onsibilities, d	omesti			cal or mental health nergency volunteer,
2. What is the anticipated duration?					OR	ongoing \square

3. How does the circumstance impact access to, and participation in, study?

Please consider the following:

- (1) lectures and tutorials.
- (2) written tasks, including examinations and assignments.
- (3) oral presentations.
- (4) practicums, placements, labs and/or fieldwork.
- (5) digital learning, including use of websites, software and computers.
- (6) accessing learning materials, including by listening and reading.
- (7) concentration.
- (8) communication with staff and students.
- (9) mobility on campus and in class.

4. Please provide recommendations for reasonable adjustments.

Please consider the list in guestion 3.

Contact

Email: inclusion@cdu.edu.au
Telephone: (08) 8946 6288

Website: www.cdu.edu.au/equity-services/disability-services

Thank you for your assistance.