Imperial Engineering Education

For an innovative tomorrow

Student Reasonable Adjustments Supporting Documentation Form

Please submit this form to the Student Support Manager at Imperial Engineering Education, at either:

Imperial Email Address: admin@imperialee.edu.au

Imperial Mail Address: info@imperialee.edu.au

Submission Statement, Privacy, Records and Confidentiality:

By submitting this form, you confirm that the information provided is true and you understand that a person who intentionally provides false information will be subject to penalties under the Student Misconduct Policy and Procedure.

Imperial Engineering Education would like to collect your personal information, including any sensitive information you provide in this form, (such as information about your health) for the purposes of assessing and investigating your reasonable adjustments application.

Imperial Engineering Education values the privacy of every individual's personal information and is committed to the protection of that information from unauthorised use and disclosure, except where permitted by law.

If you have any questions about how Imperial Engineering Education collects and handles your personal information, contact our Privacy Officer.

I acknowledge that I have read the declaration and privacy statements and give my consent to the personal information, including sensitive information, provided in this form to be used by the Institute in relation to my application for reasonable adjustments. I consent to the Institute contacting my medical practitioner and/or other person or organisation named in this documentation or supporting documentation to confirm or clarify information I have provided and to provide additional information relevant to my request for reasonable adjustments.

Provider category: Institute of Higher Education

TEQSA Provider ID: PRV14379

CRICOS Provider Code: TBA

REASONABLE ADJUSTMENT – SUPPORTING DOCUMENTATION FORM

Student Details:

Student Details:	
Full Name:	
Student ID:	
Address:	
Phone:	
Email:	
Signature and Date:	

Health Provider Details:

Optional: The student may request their health professional to complete this form with their assistance or on their behalf.

Health Professional Details:	
Full Name:	
Profession:	
Address:	
Phone:	
Email:	
Provider Number:	
Signature and Date:	

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**REASONABLE ADJUSTMENT –
SUPPORTING DOCUMENTATION FORM**

Disability Information:

A student may wish to provide information regarding their diagnosis or disability status, if applicable.

Diagnosis:		
Date Diagnosed:		
Condition or Disability type(s):	☐ Physical ☐ Vision ☐ Hearing	☐ Learning ☐ Medical ☐ Psychological ☐ Neurological
Severity of Condition:	☐ Mild ☐ Moderate	☐ Severe ☐ Profound
Disability Status:	☐ Ongoing Stable ☐ Temporary Stable	☐ Ongoing Fluctuating ☐ Temporary Fluctuating
Medication on Treatment Plan:		

Cause(s) for Reasonable Adjustment:

A student may wish to provide further information on their circumstances or condition to better inform reasonable adjustments.

Please tick the boxes for the areas in which you are affected:			
☐ Concentration ☐ Attention ☐ Focus ☐ Mental Fatigue ☐ Information Processing ☐ Distraction	☐ Task Switching ☐ Motivation ☐ Engagement ☐ Social Withdrawal ☐ Psychosis ☐ Stress Tolerance	☐ Agitation ☐ Procrastination ☐ Disrupted Thought Processes ☐ Avoidance ☐ Reduced Mobility ☐ Pain	☐ Frequent Illnesses ☐ Reduced Communication ☐ Disrupted Sleep ☐ Hearing ☐ Sight

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☐ Memory ☐ Organisation ☐ Planning ☐ Prioritisation	☐ Decision Making Skills ☐ Variable Moods	☐ Discomfort ☐ Physical Fatigue ☐ Disruptive Symptoms	☐ Other (please specify:

Please explain the nature of your condition and the likely impact on academic performance and engagement:

If applicable, please explain the impacts of any medications you take or treatments you undergo in relation to your studies:

Recommendations:

Based on the impacts previously mentioned, please outline any specific recommendations about the type of support required:

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Safety Plan:

Is a medical or mental safety plan required? ☐ Yes ☐ No

If 'Yes', please fill out the Safety Plan on the next page or include a copy on an existing plan.

The Safety Plan will be kept on file by Student Support so that we have this information available in the case on an incident where a student is in crisis. The Safety Plan will also be given to personnel on your campus to assist you in the case of a crisis.

Student Details:	
Full Name:	
Student ID:	
Warning Signs of Health Crisis:	
1. 2. 3. 4. 5.	
Student's Self-Management or Preventative Measures:	
1. 2. 3.	

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4. 5.

Emergency Contacts (Medical and Personal):	
Professional Contact 1: Name: Relationship: Phone:	Personal Contact 1: Name: Relationship: Phone:
Professional Contact 2: Name: Relationship: Phone:	Personal Contact 2: Name: Relationship: Phone:

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