



Access & Inclusion

Appointment Registration Form

Surname:		First Name:	
DOB: (dd/mm/yyyy)		Gender:	
Uni ID:		Date:	
Mailing address:			
Contact phone number:			
ANU College/s:		Name of Degree/s:	
Semester 1 Enrolled Course	Course Code:	Title:	
Semester 2 Enrolled Course			
Other Sessions Identify: • Spring • Summer • Autumn • Winter			
Tick all that apply:	Undergraduate	Graduate	
	Full-time	Part-time	Research
	Domestic student	International student	External
What year did you begin your studies at the ANU?			

What is the purpose for your registering with the Access & Inclusion (A&I) today?

Please complete, sign and email this form to access.inclusion@anu.edu.au

In your opinion, what impact is your disability/medical condition likely to have on your studies at the ANU?

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Release of Information Regarding Disability or Medical Condition

Name:		Student No.	
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Collection of personal information – notice:

The Australian National University (ANU) collects personal information in this form to identify your needs and update your student administration system record. We will handle your personal information in accordance with the ANU Privacy Policy. All information in this document should be treated as confidential and used in accordance with the University's Privacy Policy and Disclosure of Information by Students with a Disability or Illness policy.

- **'Privacy'** (version 12) https://policies.anu.edu.au/ppl/document/ANUP_010007
- **'Disclosure of information by students with disability or illness'** (version 8) https://policies.anu.edu.au/ppl/document/ANUP_001226

The Privacy Policy also contains information about how you can gain access to or seek correction of your personal information, and how to make a complaint about privacy at ANU.

- I acknowledge and consent that in order for Access and Inclusion to arrange support, that my relevant student details and subject information held in the University's student systems may be stored in, and accessed from, the third-party Symplicity Access system used by the University to manage the provision of the Access and Inclusion services.
- I give permission for Access & Inclusion to use my personal information, including information about my disability or medical condition and its impact on my studies, as described in the above collection notice, and to share it with relevant University Staff on a need-to-know basis to assist those staff to consider requests for alternative arrangements in relation to my study at the ANU.
- I give permission for Access & Inclusion to forward my Education Access Plan (EAP) electronically to the nominated Academic College(s).
- I give permission for Access & Inclusion to liaise with the Emergency Contact, Next of Kin, and/or GP Doctor as listed on the registration form, if needed.
- I request to be added to the Access & Inclusion List Server (email group).

Student Statement

- I understand that I need to comply with the following:
 - *I am aware that EAPs renewed after the semester cut off dates may not have their Special Exam Arrangements (SEAs) implemented for that exam period.*
 - *I understand that for online exams it is my responsibility to notify the Course Convenor, to request the implementation of my SEAs no later than 5 days prior to exam date.*
 - *I understand online exams, that it is my responsibility to notify A&I of any late enrolments or changes in course selection once the EAP has been issued.*
 - *If I fail to notify A&I of changes, I understand that I will not have a valid EAP or SEA for those courses.*
 - *I am aware of important ANU administrative dates/deadlines, as discussed with my Disability and Equity Advisor (DEA), with reference to the [University Calendar](#).*

Signed:		Date:	
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