



# Access & Inclusion

## Appointment Registration Form

<b>Surname:</b>		<b>First Name:</b>	
<b>DOB:</b> (dd/mm/yyyy)		<b>Gender:</b>	
<b>Uni ID:</b>		<b>Date:</b>	
<b>Mailing address:</b>			
<b>Contact phone number/s:</b>			
<b>Emergency Contact:</b> (Name, relationship and contact details)			

ANU College:		Program Enrolled:	
<b>Semester 1</b> Enrolled Courses	<b>Course Code</b>	<b>Title</b>	
<b>Semester 2</b> Enrolled Courses			
<b>Other Sessions</b> (please specify)			

<b>Are you an</b>	Undergraduate	Graduate	
	Full-time	Part-time	Research
	Domestic student	International student	External
What year did you begin your studies?			

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

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:

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Student No.

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#### Collection of personal information:

The Australian National University (ANU) collects the 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. If you do not provide the information we ask for in this form, we may not be able to assist you appropriately or at all. The ANU Privacy Policy is available at [https://policies.anu.edu.au/ppl/document/ANUP\\_010007](https://policies.anu.edu.au/ppl/document/ANUP_010007) or you can ask us for a copy. 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 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 needs-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 am aware of important ANU administrative dates/deadlines, as discussed with my Student Access and Success Officer, with reference to the [University Calendar](#).

For mid-semester exams, I understand that it is my responsibility to advise A&I of the exam course code, course title, date of exam and if the exam is run by the College or Exams Office. I understand that this is required 2 weeks prior to the exam for A&I to guarantee that the SEAs will be in place. I understand that it is my responsibility to phone the ANU Exams Office to find out the location of my exams.

I understand 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 for those courses.

I request to be added to the Access & Inclusion List Server (email group).

Signed:

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Date:

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