



Access & Inclusion

Education Access Plan (EAP) Renewal Form

Surname:		First Name:	
Uni ID:		Date:	

ANU College/s:		
Name of Degree/s:		
Semester 1 Enrolled Courses	Course Code:	Title:
Semester 2 Enrolled Courses	Course Code:	Title:
Other Sessions Identify: <ul style="list-style-type: none"> • Spring • Summer • Autumn • Winter 	Course Code:	Title:

Please email the completed and signed form to access.inclusion@anu.edu.au

Release of Information Regarding Disability or Medical Condition

Collection of personal information – notice:

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. 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 11) https://policies.anu.edu.au/ppi/document/ANUP_010007
- **'Adjustments for Students who disclose a disability'** (version 8) https://policies.anu.edu.au/ppi/document/ANUP_001226

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 agree that the recommended reasonable adjustments in my existing EAP are appropriate to my requirements.

I understand that I need to comply with the following:

- *I must contact any relevant teaching staff who will need to know my requirements within 2 weeks of the issue date of the EAP and understand that failure to do so may affect the full implementation of these adjustments;*
- *I will promptly advise A&I of any changes in my circumstances/medical condition that may affect my existing EAP;*
- *I will 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 will adhere to all deadlines for notification of exam and assessment adjustment requirements; and*
- *I will contact the A&I office promptly if I feel my EAP needs to be reviewed.*

Signed:

Date: