



Application for Reasonable Adjustments

Bond University recognises students may have a disability and / or health related condition that affects their capacity to complete assessment tasks. In order to ensure students are provided with opportunities to realise their full potential, students may apply for reasonable adjustments in support of their academic work.

1 Student Details

Student ID

Surname or family name

Given name(s)

Date of birth

Gender Male Female

Phone number

Email

2 Program Details

Faculty

Program title

3 Disclosure of confidential information agreement

The University requires certain documentation of a student's disability and / or health-related circumstances in order to prepare a Service Plan for Academic Adjustment. The Service Plan will describe academic accommodations approved for the student. Please visit our website for details of documentation and information required during the assessment process: bond.edu.au/disability-support.

Bond University is committed to ensuring the privacy of its students and the confidentiality of any information it collects. Information supplied to the University will only be used for the administrative and educational purposes of this institution. Personal information will only be disclosed to third parties with the written consent of the student, unless otherwise required by law and, where applicable, external authorities involved in the accreditation or registration of professional programs where such information is required as a condition of that relationship.

Please indicate the level of disclosure for your disability and / or health-related documentation:

FULL disclosure (permission to release the nature of my condition and its effects on my studies to relevant staff at Bond University, the condition is stated on the Service Plan for Academic Adjustment which is distributed to all relevant staff).

NO disclosure (the condition and its effects will remain known only to the disability staff; the Service Plan for Academic Adjustment will describe the condition as CONFIDENTIAL).

4 Details of medical history

Duration of medical condition or impairment:

- Temporary Fluctuating Ongoing
 Stabilised Unstabilised

Indicate type of disability that applies:

- Hearing Vision Learning Medical Mobility Mental health
 Other, please describe

5 Student undertaking to comply with additional support recommendations

Students with disability often need additional support to ensure they have the same educational access, opportunities and outcomes as those without disability. To assist with maximum participation, the Disability Office considers the following supports as integral for students with disability in mitigating the challenges of tertiary studies.

- Regular attendance at Student Learning Support
 Regular attendance with a Bond Counsellor/Alternative Practitioner*
 Medical
 Attendance at Faculty Programs as per the following suggestions

*Equivalent Alternative

6 Application Statement

I hereby acknowledge that I seek academic support on the grounds of my disability and / or health condition and that the personal information I have provided is complete and accurate to allow timely and comprehensive assessment of my application, including additional supporting documentation by my health practitioner/s.

I give permission for the Bond University Disability Office to communicate with relevant University staff to assist me to access support. This information may be conveyed verbally, in writing or electronically.

I also consent to the Bond University Disability Office and / or Health Professional staff to communicate and discuss my condition and proposed plan with any health professional who has supported my application for special requirements. I understand that I can revoke this consent at any time and may request access to the personal information the University holds about me in accordance with Bond University Privacy Policy, available at bond.edu.au/privacy.

I also acknowledge that I will provide updated documentation when required.

Signature of student (or guardian if under 18 years old)

_____/_____/_____
Date

Please return completed form together with any other relevant information to:

Disability Officer, Student and Academic Services
Bond University,
Gold Coast, Queensland, 4229,
Australia

Email: disabilitysupport@bond.edu.au
Fax: +61 7 5595 4091