

PLEASE PRINT CLEARLY IN BLACK INK

INTRODUCTION: Information on this form will remain strictly confidential. The information is needed to assist the Student Equity Officer in arrangements to provide a comprehensive support service for students with disabilities attending Edith Cowan University.

STUDENT NUMBER:										
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SURNAME:				GIVEN NAMES:				
ADDRESS:								
						POSTCODE:		
TELEPHONE NUMBERS:	HOME:			WORK:			MOBILE:	

COURSE:	(eg: Bachelor of Business, Bachelor of Arts (Psychology))
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MODE OF ENROLMENT:	INTERNAL <input type="checkbox"/>	EXTERNAL <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
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NATURE OF DISABILITY OR MEDICAL CONDITION: (Please attach completed Health Practitioners Report Form)

In which of the following areas does your disability affect you:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| VISION | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HEARING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| CONCENTRATION | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MOBILITY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| HANDWRITING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| KEYBOARDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| FREQUENT ABSENCE DUE TO TREATMENT | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SIDE EFFECTS FROM MEDICATION | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| FATIGUE | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| STRESS / ANXIETY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| LITERACY | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

OTHER: Please specify _____

Which of the above areas will cause you greatest difficulty while studying at Edith Cowan University:

The following support services are already being offered at Edith Cowan University and others may be provided by negotiation. Please indicate what support services you would make use of while attending Edith Cowan University.

1. AUDIO LECTURES / TUTORIALS YES NO
2. AUSLAN INTERPRETER YES NO
3. CUED SPEECH INTERPRETER YES NO
4. NOTETAKER YES NO
5. SPECIALISED EQUIPMENT
 - use of Kurtzweil personal scanning machine (currently situated in Joondalup library) YES NO
 - use of cassette recorders YES NO
 - angled work boards YES NO
 - ergonomic chair YES NO
 Other _____
6. SPECIAL EXAMINATION CONDITIONS
 - extended time YES NO
 - brailled paper and examination booklet YES NO
 - use of scribe YES NO
 - oral examination YES NO
 - examination in alternative format (eg: large print) YES NO
 - printed on coloured paper YES NO
 - use of computer YES NO
7. LIBRARY SERVICES
 - retrieval of items from shelf YES NO
 - individual tour of library YES NO
 - assist with inter-library loan for books in alternative formats YES NO
 - photocopying YES NO
 - extended loans YES NO
8. ANY OTHER ASSISTANCE _____

<p>The Student Equity Officer is available to assist students with disabilities to compete on an equal basis with other students attending Edith Cowan University.</p> <p>If you wish to discuss your individual needs please make contact on (08) 6304 5669.</p> <p>This form may be posted (or returned to any Student Central) in an envelope addressed to:</p>	<p>Student Equity Officer Edith Cowan University 270 Joondalup Drive JOONDALUP WA 6027</p>
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EQUITY OFFICE USE ONLY	Date Received	
	Date Registered	
	Date of Initial Interview	