



University of
**Southern
Queensland**

Registration Form

To register for accessibility support

The Accessibility Support team require documentation of your disability, injury, mental health or medical condition in order to register you for support. The documentation enables us to assess and provide if necessary, appropriate services in consultation with you in relation to your studies. Accessibility Support store your confidential and personal information supplied by you or others in electronic databases with access restricted to authorised staff only.

From time to time, Accessibility Support may need to communicate with other staff within the University and external third parties regarding your disability/condition, reasonable adjustments, services, support issues and arrangements.

Use and disclosure of confidential information agreement:

I, (print full name):

UniSQ Student Number:

Hereby give permission for Accessibility Support to register me for support and communicate with **relevant University staff** when necessary to assist me in negotiating and arranging supports and services during my studies. This information may be conveyed verbally, in writing or electronically.

Please tick the appropriate box to indicate your level of consent (choose **one** option only):

1. ☐ I give permission for Accessibility and Disability Services to have full disclosure and release the *name of my condition and its impact on my studies* to relevant staff at the University of Southern Queensland
2. ☐ I give permission for Accessibility and Disability Services to release *only the impact of my condition on my studies* to relevant staff at the University of Southern Queensland
3. ☐ I *do not wish for the name of my condition or its impact on my studies to be discussed* with relevant staff at University of Southern Queensland (No disclosure)

I also give permission for Accessibility and Disability Services to **contact my relevant Health Practitioner** to seek further information or clarification in relation to the information I have provided regarding my condition. I understand that I will be consulted with before this occurs for specific details.

I also give permission to change my status in my enrolment record and select the appropriate subcategory of support services assistance to be provided.

I understand that **I can revoke this consent** at any time by contacting the Accessibility Support team. I understand that if I do not agree to give these permissions, it may hinder the university's ability to provide relevant learning supports.

Signed:

Date:

Please email a copy of this completed form to disabilitysupport@usq.edu.au and retain the original for your records.

UniSQ is collecting the personal information on this form for the purpose of providing the services and assistance that you have requested. For a full understanding of our privacy information and management of your personal information, please access our [Privacy Statement](#) located at Reception or at www.unisq.edu.au/student-support.