



The purpose of this Form is for you to register for accessibility support, and to understand how the personal information you provide will be handled by UniSQ.

PRIVACY AND CONFIDENTIALITY

UniSQ is committed to protecting the personal information of its students against misuse. We ensure that personal information is responsibly collected, used and managed in accordance with the *Information Privacy Act 2009* (Qld). UniSQ's Privacy Policy affirms the University's commitment to the privacy and data protection principles contained in these privacy laws. UniSQ is collecting the personal information (including health information) on this form and other submitted documentation (such as specialist reports, medical certificates and other medical documentation) for the purpose of providing the accessibility support services that you have requested, including providing reasonable adjustments necessary for you to undertake your studies.

Your personal information will only be accessed by authorised individuals including staff from the Accessibility Support, and Support for Learning, teams. It is stored in accordance with the [UniSQ Records and Information Management Procedure](#).

The Accessibility Support Service ('the Service') may, from time to time, be required to provide your personal information to third parties. Your personal information will not be disclosed to a third party **unless**:

- we are requested to do so by you as part of negotiating support for you during registration, or you otherwise give us permission;
- we are required by law to do so; or
- disclosing the information will prevent or lessen a serious and imminent threat to a person's life or health.

POSITIVE SERVICE INDICATOR

Student enrolment information is stored on the UniSQ PeopleSoft database. The status of your registration for accessibility support is recorded as a Positive Service Indicator on PeopleSoft and the details of your disability or medical condition are stored separate to the Positive Service Indicator. This information is not reflected on your academic transcript or graduation information.

CONSENT TO USE AND DISCLOSURE OF PERSONAL INFORMATION

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

- I give permission for the Service to have full disclosure and release the name of my condition and its impact on my studies to relevant staff at UniSQ as part of negotiating reasonable adjustments (full disclosure).
- I give permission for the Service to release only the impacts of my condition on my studies to relevant staff at UniSQ as part of negotiating reasonable adjustments (part disclosure).

I UNDERSTAND THAT:

1. By signing this Form, I am permitting the Service to register me for accessibility support and communicate with **relevant UniSQ staff** (verbally or in writing) when necessary to assist me in negotiating and arranging supports and services during my studies.
2. To provide this support, the Service must collect and use my personal information for the purposes outlined above.
3. The Service may disclose my personal information to a third party for the purposes outlined above.
4. **I can revoke this consent** at any time by contacting the Service. I understand that if I do not agree to give these permissions, it may hinder UniSQ's ability to provide relevant learning support and adjustments.

PRINT FULL NAME:

Student Number:

Signed:

Date: