

Early indication of support needs

for international students with a disability, injury or health condition

Name of Applicant: _____

Contact Address: _____

Date of Birth (day/month/year): _____

Course Names and Codes for all QUT courses on your application (e.g. BS05 Bachelor of Business):

	QUESTIONS	RESPONSES
1	Please describe your disability, injury or health condition.	
2	Please tell us how long you have had your disability, injury or health condition and how it may impact on your studies.	
3	Have you needed support for your studies at your home college/school/university previously? If yes, please note that the support you receive at QUT may be different to that received at your home college/school/university.	
4	Are you able to write or type independently? Are you able to write and/or type at a level which allows you to participate effectively in a classroom situation? (e.g. taking notes and participating in exams). Please indicate which method/s you use and your level of proficiency.	
5	In your home college/school/university, have you needed assistance to help you participate in class, work in a team, or with practical or lab work? If yes, please describe the type of help you have needed.	
6	Do you need any specific assistance to access information and communicate using written materials. For example, large print, Braille, computer software (such as JAWS, Zoomtext etc), magnification, or additional time. NOTE: Except where required in specific language courses, all classes are taught in English. All alternative formatting including print, Braille and oral material provided by Disability Services is in English. If you intend studying a language course and may require alternative formatting for materials in a language other than English, please contact Disability Services prior to enrolment to determine whether or not such formatting is available.	

	QUESTIONS	RESPONSES
7	Do you need any specific assistance to communicate with others? For example, hearing aids, sign language interpreter, lip reading, other communication assistance device, or additional time. NOTE: Deaf-sign interpreting is provided in AUSLAN	
8	Do you use a mobility aid such as a wheelchair (manual or electric), crutches or walking frame? If yes, please provide details.	
9	Do you have any difficulty walking long distances, using steps independently, or walking up or down hills? If yes, please provide details.	
10	How do you travel to college/school/university in your home country?	
11	Do you receive any regular or ongoing physiotherapy, counselling or psychological support services and/or is there any prescribed medication that you take regularly and will need during your period of study in Australia? If yes, please provide details. NOTE: You are advised to bring a referral letter from your doctor and/or treatment provider, written in English, so that you can arrange similar treatment and prescriptions in Australia.	
12	Please provide any further information that you think might be relevant.	

* PLEASE NOTE THAT ALL DOCUMENTS MUST BE PROVIDED IN ENGLISH.

A **Disability Adviser** can answer any questions you may have by email student.disability@qut.edu.au

You may be contacted by a Disability Adviser to discuss your needs in more detail.

In addition to any contact you may have made before arriving, **please ensure you make an appointment** with a Disability Adviser as soon as you arrive in Brisbane by phoning (07) 3138 2699 (Gardens Point Campus) or (07) 3138 5601 (Kelvin Grove Campus).

QUT is committed to protecting the privacy of applicants for admission and students. The information on this form is collected to enable relevant areas of the University, including Disability Support Services, International Student Admissions and where applicable the relevant Faculty or teaching unit, to assess disability support needs for international students. It is not routinely provided to third parties outside of QUT except where permitted or required under Australian privacy laws, or where QUT determines that advice from relevant professionals or health practitioners is needed on disability support issues. QUT's Privacy Policy can be found at www.mopp.qut.edu.au/F/F_06_02.jsp

Please refer to the *Information Sheet for International Students with a Disability, Injury or Health Condition* for information about rights and responsibilities for applicants, students and QUT.

I consent to my personal information being provided to professional advisors in specialist medical or allied health areas where the University considers it necessary to assess disability support needs. I also consent to QUT discussing my personal information with my health practitioners or advisers.

I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment or delays in processing.

Signature of Applicant or Parent / Guardian signature
(if applicant under 18)

Date