

Special Needs Reasonable Adjustment Application Form

Students who have a more long-term or permanent disability or impairment, which may have an impact on their studies, can apply for reasonable adjustment by completing and submitting this form at the time of application for study at Hawthorn-Melbourne, or, as soon as the condition is diagnosed to ensure that reasonable adjustments can be agreed within required timeframes. Submit the completed form to: <u>StudentServices@hawthornenglish.vic.edu.au</u> Date of birth (dd/mm/yyyy): Name: Student ID Mobile number: (if already provided to you): Email: Course: Address: **Grounds for Reasonable Adjustment:** Evidence Provided (a detailed report from a doctor or medical specialist is required): **Adjustments sought: Declaration:** (Please ⊠ Yes or No) ☐ **Yes** ☐ **No** - I declare that the information provided in this application is accurate. ☐ Yes ☐ No - I have read and I understand the information about the reasonable adjustment process as outlined in the <u>Supporting Students with Special Needs Policy and Procedure for Students</u>. ☐ Yes ☐ No - I also acknowledge that, in order for this application to proceed, aspects of my personal information will need to be shared with relevant staff at Hawthorn-Melbourne. Date: Signature:





Outcome - For internal use only:

Special Needs Reasonable Adjustment Application

Date application received	:
Principal Recommendation	: Approved:
Director of Studies Recommenda	ation : Approved:
Reasons for decision: Approve /	Decline:
Comments and outcome as agre	eed by Director of Studies/Principal
Brief diary entry generated in SI	MS (BECAS)
☐ Yes ☐ No	
Outcome communicated to stud	dent & diary entry generated in SMS (BECAS)
	, , , , , , , , , , , , , , , , , , , ,
☐ Yes ☐ No	, , , ,
☐ Yes ☐ No (Where applicable) Communication	ited to Academic staff by:
☐ Yes ☐ No	ited to Academic staff by:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes	ited to Academic staff by:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes	ited to Academic staff by:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified	d and the reason for the notification.
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name: Staff name:
☐ Yes ☐ No (Where applicable) Communicate Principal : ☐ Yes Director of Studies : ☐ Yes Details of academic staff notified Date:	d and the reason for the notification. Staff name: Staff name: Staff name: Staff name: