

REASONABLE ADJUSTMENT APPLICATION FORM

Wyatt is committed to equal access. A reasonable adjustment changes HOW you demonstrate competency — not WHAT you must demonstrate. No fee to apply. Disclosure is voluntary and treated as sensitive information under the Privacy Act 1988. Submit to: K. Sai Reddy | support@wyatt.nsw.edu.au | +61 477 627 677

SECTION A — YOUR DETAILS

Full Legal Name ***Student ID / USI****Email Address *****Phone Number****Course Enrolled In****Trainer / Assessor Name (if known)****Preferred Contact Method**

SECTION B — NATURE OF DISABILITY OR ACCESS NEED

You do not need to disclose a medical diagnosis. Only describe how your condition affects your ability to participate in training and/or assessment.

Nature of access need (select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Physical disability or mobility limitation | <input type="checkbox"/> Chronic illness or medical condition |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Learning disability (e.g. dyslexia, ADHD) |
| <input type="checkbox"/> Hearing impairment or deafness | <input type="checkbox"/> Vision impairment or blindness |
| <input type="checkbox"/> Neurological condition (e.g. autism, brain inj...) | <input type="checkbox"/> Acquired disability or injury |
| <input type="checkbox"/> Temporary medical condition | <input type="checkbox"/> Carer or family responsibilities |
| <input type="checkbox"/> Language or communication difficulty | <input type="checkbox"/> Other — describe below |

Describe how your condition or circumstance affects your participation *

SECTION C — ADJUSTMENTS REQUESTED

Adjustments I am requesting (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Extra time for assessments | <input type="checkbox"/> Oral assessment instead of written |
| <input type="checkbox"/> Separate or quiet assessment room | <input type="checkbox"/> Reader or scribe |
| <input type="checkbox"/> Computer or assistive technology | <input type="checkbox"/> Rest breaks during assessments |
| <input type="checkbox"/> Alternative format (e.g. digital submission) | <input type="checkbox"/> Flexible submission deadlines |
| <input type="checkbox"/> Interpreter or communication support | <input type="checkbox"/> Modified physical environment |
| <input type="checkbox"/> Flexible attendance arrangements | <input type="checkbox"/> Other — describe below |

Other adjustments or additional details

SECTION D — SUPPORTING DOCUMENTATION

Documentation is not always required but may help us provide the most appropriate adjustments.

Documents I am attaching (if any):

- Medical certificate or letter from treating practitioner
- Specialist report (e.g. psychologist, audiologist)
- Previous reasonable adjustment plan from another institution
- Statutory declaration
- None — I am disclosing verbally and request a support meeting

SECTION E — CONSENT

Please tick all that apply:

- I consent to Wyatt sharing my adjustment needs with trainers and assessors directly involved in m...
- I consent to Wyatt retaining my supporting documentation in my student file for the duration of m...
- I consent to being contacted by the Student Support Officer to discuss and agree my adjustment pl...

Declaration

I declare the information provided is accurate to the best of my knowledge. I understand: (1) my information is treated as sensitive and confidential; (2) my adjustment plan will be developed with me; (3) adjustments do not change the competency standards I must meet; (4) I can update or withdraw at any time by contacting the Student Support Officer; (5) if dissatisfied I may appeal through WEG-POL-CAP-001 or contact the Australian Human Rights Commission (1300 369 711).

Student Signature**Date**

FOR OFFICE USE ONLY**Date Received****Received By****Meeting Held With Student****Meeting Date****Adjustments Approved****Adjustments Not Approved and Reason****Adjustment Plan Reference****Plan Effective From****Review Date****Reviewed By**