

Reasonable adjustments made be made to ensure that all students can equitably participate and succeed in their course of study. This form is to be completed by a student who is requesting a reasonable adjustment to their study requirements. This could include but is not limited to, accessibility needs or attendance requirements, adjustment to learning materials and the delivery or assessment process and submission timeframe.

Reasonable adjustment will be reviewed by ASA and will be considered on the grounds of protected attributes to ensure equitable opportunities for all students. Protected attributes can be found under section 4. Definitions within the [Reasonable Adjustment Policy and Procedure](#)

Failure to provide true and correct supporting documentation and complete the required fields of this form may result in your application being delayed or refused.

Please return completed form and supporting documentation to [info@asahe.edu.au](mailto:info@asahe.edu.au)

Please refer to the Reasonable Adjustment Policy and Procedure. Your application will be assessed based on the timeline outlined within the procedure, (10) ten working days.

## Section 1: Personal Information

Student ID	<input type="text"/>	Student Name	<input type="text"/>
Course	<input type="text"/>		

## Section 2: Timeframe of adjustment required

To support assessment of the adjustment required, please outline the timeframe in which you are requesting the adjustment to be made.

### Study period or individual subject

☐ Study Period – all enrolled subjects

Quarter	<input type="text"/>	Year	<input type="text"/>
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☐ Single subject

Subject Code	<input type="text"/>
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Quarter	<input type="text"/>	Year	<input type="text"/>
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### Ongoing

Start Date	<input type="text"/>	End Date	<input type="text"/>
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☐ Full Course Duration

## Section 3: Nature of adjustment required

Changes to study/campus or accessibility requirements

*If the information provided does not fit in the above box, please attach the details in a separate document*

Changes to assessment dates or format

*If the information provided does not fit in the above box, please attach the details in a separate document*

Change to learning materials

*If the information provided does not fit in the above box, please attach the details in a separate document*

## Section 5: Supporting Documentation

Supporting documents provided should clearly support the desired adjustment being requested. It should provide clear guidance about how the circumstances impact the student and indicate specific arrangements that will best support the student.

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Certificate/Report                               | <input type="checkbox"/> Letter from professional               |
| <input type="checkbox"/> Statutory Declaration                                    | <input type="checkbox"/> Notice from relevant government agency |
| <input type="checkbox"/> Counsellor of Psychologist evaluation/<br>recommendation | <input type="checkbox"/> Other – Please enter details below     |

*If the information provided does not fit in the above box, please attach the details in a separate document*

## Section 6: Student Declaration

- ☐ I declare that, to the best of my knowledge, the information provided in this application form and all attachments is true and correct.
- ☐ I understand that any incomplete information may lead to the return of my application, or I may be contacted at any time regarding my application
- ☐ I have read and understood the Reasonable Adjustment Policy and Procedure

Student Signature

Date