

Reasonable Adjustment Application

Before completing this form, you should read the Reasonable Adjustment Policy in your Student Information Guide. If you have any queries, please email us at support@exploreeducationandtraining.com.au.

All applications for reasonable adjustments must be submitted **before** the examination or assessment due date. Requests relating to narrative (written), or oral assessment must allow **20 working days**.

If you do not submit your reasonable adjustment application within the stated time frame, we may be unable to accommodate your request.

1. Personal information

Student Number: (If known)	Click or tap here to enter text.	Unit Code and Name: (If known)	Click or tap here to enter text.
First name(s):	Click or tap here to enter text.	Last name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.	Date of Birth:	Click or tap to enter a date.
E-mail address:	Click or tap here to enter text.		

Please indicate which of the following applies.	
I have not had a reasonable adjustment approved by the institution before	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have previously had a reasonable adjustment approved by the institution	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Assessment details

Assessment details	
Assessment title:	Click or tap here to enter text.
Mode	<input type="checkbox"/> Classroom <input type="checkbox"/> Distance/Online <input type="checkbox"/> Mixed Mode

Narrative (written) or oral assessment	
Unit Code and Name:	Click or tap here to enter text.
Due date	Click or tap to enter a date.
Examination date and time:	Click or tap here to enter text.

3. Nature of condition (indicate as appropriate).

Medical condition, e.g., epilepsy or diabetes	<input type="checkbox"/>
Physical impairment (permanent or temporary), e.g., cerebral palsy, multiple sclerosis, broken limb	<input type="checkbox"/>
Sensory impairment, e.g., visual or hearing impairment	<input type="checkbox"/>
Specific learning difficulties, e.g., dyslexia, dyspraxia	<input type="checkbox"/>
Social, emotional, or mental health difficulties, e.g., autism, anxiety	<input type="checkbox"/>
Other (<i>please specify below</i>)	<input type="checkbox"/>
Reasonable adjustment for additional time and alternative format requested due to family and other circumstance resulting in health condition and unable to complete payroll recording assessment tasks in class.	

4. Reasonable adjustment requested (indicate as appropriate).

Additional time	<input type="checkbox"/>	Larger font	<input type="checkbox"/>
Coloured paper (cream/yellow)	<input type="checkbox"/>	Use of low vision aids	<input type="checkbox"/>
Support of a reader	<input type="checkbox"/>	Support of a scribe	<input type="checkbox"/>
Support of sign language interpreter	<input type="checkbox"/>	Examination instructions in writing	<input type="checkbox"/>
Remote invigilation using live chat facility only	<input type="checkbox"/>	Alternative assessment accommodation (<i>Please specify below</i>)	<input type="checkbox"/>
Other (<i>please specify below</i>)	<input type="checkbox"/>		
Click or tap here to enter text.			

5. Additional information

If you wish to provide any further information regarding your reasonable adjustment application, please use the box below:

Click or tap here to enter text.

6. Supporting evidence

A reasonable adjustment application form must be submitted for each assessment where the candidate is seeking a reasonable adjustment.

Supporting evidence must be supplied:

- a. with the first reasonable adjustment form
- b. when a change is requested to previously agreed reasonable adjustment arrangements, and
- c. if the candidate is requesting a reasonable adjustment for a different assessment type (i.e., MCQ's, narrative, extended project, role play, video etc.).

All supporting evidence provided for reasonable adjustments must be official, up-to-date evidence from a medical professional, educational psychologist, or other appropriately qualified medical or allied health professional and will be validated.

Supporting evidence must be provided on official headed paper, must be dated, and must contain the following information:

- a. the candidate's full name
- b. details of the nature and severity of the candidate's disability, and
- c. recommendations on the adjustments required for assessment tasks.

Please tick as appropriate:

I have attached supporting evidence to this reasonable adjustment application.

☐

I have not attached supporting evidence to this reasonable adjustment application, because I have the appropriate reasonable adjustment agreed already by the Institute

☐

7. Declaration

I confirm that the information provided is accurate and I consent to this information being processed in connection with requests made to the Institute for reasonable adjustments in assessments.

☐

I confirm that I have read and understand the Macedon Ranges Education Reasonable Adjustment Rules.

☐

Signed:

Click or tap here to enter text.

Date:

Click or tap to enter a date.

Please email your application form together with your supporting evidence to support@exploreeducationandtraining.com.au.