



# Access4Success Disability Service Registration Form

Unitec is committed to supporting the participation of students with disabilities. If you consider your studies may be affected in some way by disability/impairment you will need to complete this form to access the available Learning support services.

## Registration Details (Please print)

Date				Interviewed by					
Student ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Domestic Student	<input type="text"/>	International Student	<input type="text"/>	Youth Guarantee	<input type="text"/>
Surname or Family Name				First or Given Names					
Address									
(09)				Mobile ( )					
Ethnicity				Full Time or Part Time					
Date of Birth				Email					
Programme of Study									
Campus									
<input type="text"/> Mt Albert		<input type="text"/> Waitakere							
Please indicate the area(s) which most closely describe your impairment:									
<input type="text"/> Blind		<input type="text"/> Vision Impaired		<input type="text"/> Autism Spectrum Disorder					
<input type="text"/> Deaf		<input type="text"/> Hearing Impaired		<input type="text"/> Physical/Mobility					
<input type="text"/> Medical Temporary		<input type="text"/> Specific Learning Disability		<input type="text"/> Brain Injury					
<input type="text"/> Medical Ongoing		Specify:		<input type="text"/> ADHD   ADD					
<input type="text"/> Mental Health		<input type="text"/> Other (please describe)							
Is your disability/injury covered by ACC (Accident Compensation Corporation)? <input type="text"/> Yes <input type="text"/> No									
If your disability/injury (either temporary or long term) is the result of an accident ACC may be able to fund support services for you. Please let us know so we can advise further.									
Have you registered with the Access4Success Disability Service before? <input type="text"/> Yes <input type="text"/> No									
How does your impairment impact on your study?									

# Access4Success

## Disability Service

### Registration Form

#### Assistance Required

<input type="checkbox"/> Notetaking	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Sign language interpreter
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Livescribe pen	<input type="checkbox"/> Read & Write Gold Demo
<input type="checkbox"/> Evacuation Assistance	<input type="checkbox"/> Audio Notetaker	<input type="checkbox"/> Other

#### Exam Accommodations

<input type="checkbox"/> Reader	<input type="checkbox"/> Writer	<input type="checkbox"/> Extra time
<input type="checkbox"/> Separate room	<input type="checkbox"/> Computer	<input type="checkbox"/> Enlarged Format

To be eligible for Access4Success while at Unitec, it is essential that you include supporting documentation from your doctor, therapist, educational psychologist or other appropriate professional with this application. This is used by Access4Success to determine eligibility and what services are required.

- » This must describe:
1. The disability/impairment or medical condition
  2. The impact this has on your study
  3. Whether your impairment is permanent / temporary

Services cannot be provided without the required documentation. Implementation of services will be based on the above information and discussion with the student.

#### Consent Agreement

In order to best meet your needs, it may be necessary to liaise with other staff at Unitec and/or external services. Consent from you is required if the information you provide is to be used. It is important that you complete the following:

(Please print your name) \_\_\_\_\_ give consent to the Access4Success, to authorise the obtaining of information from, and provision of relevant information to, Unitec staff about myself. Such information is to be used only for the purposes of identifying and also/or supporting any disability related needs that may impact on my study program. I understand that all such information shall be used in the strictest confidence. However it is also understood that disclosure could occur in instances where the Institute may be legally required to make disclosure.

Your signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you wish to discuss any aspect of this registration form please contact Access4Success Disability Service.

**Tel** +64 9 815 4321 Ext 7871

**Email** [disabilitysupport@unitec.ac.nz](mailto:disabilitysupport@unitec.ac.nz)

#### Office use only:

Enrolled: FT / PT / LFT

Interview Required: Yes / No

Documents supplied: Yes / No

Notes:

Entered into database: Yes / No

TEMP / ACC / Permanent

Date Contacted:

PH / ONLINE / INT / Other

Date of Interview:

Support Required/Approved: Yes / No

Disclosure @ Enrolment: Yes / No

Date:

# Access4Success

## Disability Service

### Registration Form

## Supporting Documentation for provision of Access4Success Disability Service at Unitec

To be completed by Doctor/Specialist/Psychiatrist/Educational Psychologist

» Date:

» Students Name:

» Students ID Number:

» Address:

  

» The above named person has an impairment / disability / medical condition as follows:

  

» The disability / condition is: ☐ Permanent ☐ Temporary If temporary please specify duration:

» The impact this disability is likely to have on the students study is:

  
  
  

» The following support / strategies are recommended: (eg copies of bullet point/summary notes or detailed notes need to be taken by staff working as a scribe for the student. Use of dictaphone to record lectures. Hearing/FM system loan equipment)

  
  
  

Practitioner's Name

NZMC Registration Number:

Surgery Address:

  
  

Signature

Stamp

Please return marked confidential to:

The Disability Liaison Advisor  
Unitec Institute of Technology  
Private Bag 92025  
Auckland