

APPLICANT DETAILS

Name:

QTAC Application Number:

ELIGIBILITY TO APPLY

Complete this form if you have experienced injury, illness or have a diagnosed disability and your education provider could not fully adjust for your circumstances.

APPLICANT STATEMENT

1. Name of my condition or disability:
2. My school/education provider made access arrangements and/or reasonable adjustments for me due to my illness or disability (tick those that apply):

No adjustments made	Variable progression rate
Additional time to complete tasks	Alternative arrangements for exams
Extensions for assignments	Specialised equipment for disability
Exemption from assessment	Reader/scribe for physical impairment
Re-scheduling exams	Variation in tasks for sensory/physical impairment
Counselling/school support	Modified curriculum
Learning plan	Other
3. How many weeks or months of schooling/education did you miss as a result of your illness or disability?
Provide an attendance record if available.
4. My condition affected my most recent studies because: **(please type directly onto the form or print clearly)**

Applicant to sign: _____

5. SUPPORTING DOCUMENTATION (documents must be included with this form)

You MUST provide the following supporting documentation that substantiates the information you provided in your personal statement:

- I have supplied QTAC with documentary evidence of any access arrangements or reasonable adjustments made by my education provider eg Access Plan or AARA documents.
- I have had my primary health care provider complete Page 2 of this form.

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MEDICAL STATEMENT

(health care professional to complete – applicants must not write in this section)

1. Medical condition/disability: _____

2. Date of diagnosis: _____

3. Describe the condition affecting the patient:

4. How long has the patient been affected by the medical condition/disability?

Less than 6 months

1–2 years

5-10 years

6–11 months

2-4 years

Life long

5. To your knowledge, what treatment has the applicant received?(nature of treatment, duration, frequency, medication)

6. Indicate the impact of the medical condition/disability on the patient's ability to study by ticking the appropriate box:

No impact

Limited

Minor

Moderate

Moderate/Severe

Severe

Profound

Very Profound

7. How was the applicant's study impacted? Approximately how much study time did they miss due to illness/disability?

8. Are you aware of any adjustments made for this student by their school/education provider? Tick all that apply.

Don't know

Alternative arrangements for exams

No adjustments

Specialised equipment for disability

Extensions for assignments

Reader/scribe for physical impairment

Exemptions from Assessment

Variation in tasks for sensory/physical impairment

Re-scheduling exams

Modified curriculum

Counselling/school support

Learning Plan

Variable progression rate

Other

9. Details of registered health professional (medical practitioner, psychiatrist, psychologist or specialist **not related to the applicant**)

Name of health care professional: _____

Position/occupation: _____ Reg/Provider No: _____

Name of organisation: _____

Signature: _____ Date: _____

Attach this to documentation and return to QTAC

Upload your documentation to your online application at <https://applications.qtac.edu.au>