

DISABILITY SUPPORT CONSENT FOR PROVISION OF INFORMATION FORM

1. PERSONAL DETAILS

Name: _____

Date of Birth: _____

Address: _____

Suburb/Town: _____ Postcode: _____

Campus: _____

Student ID (If enrolled): _____

2. DECLARATION

I provide consent for the Disability Liaison Officer to have discussions with any of the following (please tick the appropriate box and supply the name/s) regarding my personal situation and course related details. This consent remains in place for the duration of my study at Chisholm:

Doctor Family

Psychologist Caseworkers

Employer Other

I further consent to the Disability Liaison Officer discussing my needs with my teachers or senior educators, as well as accessing my academic results, special provision status and other information, which may be relevant to my previous and ongoing studies and educational placement.

Name: _____ Date: _____

This form must be completed by the student seeking support from the Chisholm Disability Service. By completing this form and placing your name above, you are providing consent.

Please note. All Student Services staff members have a responsibility to ensure that information regarding clients is kept confidential unless clients are at risk of harming themselves or others, in which case appropriate people may need to be informed.