Student with a Disability - External Support Worker Form

***Please note:*** every new support worker is required to complete this documentation prior to attending a CIT classroom with a student.

This document and a copy of your Working with Vulnerable People Card are to be returned in person at a CIT Student Support office or via email to CIT.Student.Support@cit.edu.au**,** (Subject line - Documentation for Advisors)
*Note: emailing senitive documents may not be secure*.

|  |  |
| --- | --- |
| Name  |  |
| Date of birth |  |
| Address |  |
| Telephone number |  |
| Email |  |
| Student’s name that you are supporting |  |
| Name of the organisation you work for |  |
| Organisation address |  |
| Organisation phone number  |  |
| Your supervisor’s name |  |
| WWVP Registration Number/Expiry Date |  |

Please tick the following boxes to indicate that you agree to abiding by CIT policies in relation to working with students:

* + I have read the [Student with a Disability – External Support Worker Guidelines](https://cit.edu.au/current/services/student_support/disability_support)
	+ I have met with the Education Advisor for the student I am supporting
	+ I have provided a copy of my current Working with Vulnerable People Card to the Education Advisor
	+ I will abide by the responsibilities in the learning environment as per the CIT Student Information Guide
	The guide can be found at [cit.edu.au/current/my\_study/student\_information\_guide](https://cit.edu.au/current/my_study/student_information_guide)
	+ I will have my Working with Vulnerable People card with me at all times
	+ I have read and will comply with CIT’s Bullying and Harassment Prevention Policy [cit.edu.au/policies/bullying\_and\_harassment\_prevention\_policy](https://cit.edu.au/policies/bullying_and_harassment_prevention_policy)
	+ I will follow all WH&S guidelines while at CIT [cit.edu.au/current/my\_study/whshandbook](https://cit.edu.au/current/my_study/whshandbook)
	+ I understand that I am not providing academic support and that all work is to be completed by the student with
	the reasonable adjustments stated in their Disability Access Plan.

Signature: Date: