**CIT Student Support Disability Contact Form**

Return completed form and diagnosis/supporting documents to a CIT Student Support office in person or via email to [CIT.Student.Support@cit.edu.au](mailto:CIT.Student.Support@cit.edu.au)**,** (Subject line - *Documentation for Advisors*) *Note, emailing senitive documents may not be secure.* Cannot do this before your appointment? Just bring your documents and fill out the form on the day.

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| --- | --- | --- | --- |
| **Have you made an appointment with Disability Support?**   Yes  No *(if No, we will contact you within 2 business days)* | | | |
|  | | | |
| **Student Information** | | | |
| Given name/s | |  | |
| Family name | |  | |
| Pronoun | |  | |
| Date of Birth | |  | |
| Email address | |  | |
| Phone number | |  | |
| Parent/advocate (details if to be cc in emails) | |  | |
| **Student Status** | | | |
| Are you currently enrolled at CIT? | | YES CIT Student number: | NO |
| Course enrolled in or interested in studying | |  | |
| Course location, if enrolled | | Bruce  Woden  Fyshwick Tuggeranong  Gungahlin | |
| **Disability Information** | | | |
| Disability/condition  *(Please select all conditions that apply)* | Medical Condition  Physical  Mental Health  Attention Deficit Disorder  Attention Deficit Hyperactivity Disorder  Acquired brain injury  Intellectual  Deaf/Hearing impaired  Blind/vision impaired  Dyslexia Dyspraxia Dyscalculia  Autism Spectrum Disorder  Other Please specify: | | |

I have read and understood the following:

1. *CIT is adult education and primary communication should be between CIT and the student. Where a third party has been granted permission to be involved in discussions by the student, it is the student who makes decisions about their support situation. CIT retains the right to speak directly to the student if there are issues or concerns.*
2. *The personal information on this form is collected in accordance with the Information Privacy Act 2014 (ACT). We collect information to enable CIT Student Support to provide appropriate advice/adjustments/support and referrals for your study at CIT.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

1. *Your personal information will not be disclosed to any third party without your consent but may be shared within the Student Support team to ensure the best outcome for you. More information about how CIT manages your personal information and how to make a complaint if you feel your personal information has been mismanaged is available in the CIT Privacy Policy – Territory Privacy Principles available on the CIT website.*

I consent for CIT Student Support staff to update medical information on the enrolment system.