

7. Have you previously registered with Disability Support Services? Yes No

8. a) Would you like up-to-date information about the assistance, facilities and support available for students with a disability? Yes No

(This includes a booklet on Services and Support, and newsletters)

b) If you require information in an alternative format, please indicate your preference:

Enlarged print Taped format Braille Electronic

9. Would you like a Student Adviser from Disability Support Services to contact you to discuss your individual needs?

Yes No

(eg. note-taking assistance, parking, access, support people, transport, rest areas, technology, equipment)

10. Please indicate the area(s) that most closely describe your impairment:

Blind Deaf Mobility/Physical Medical
 Speech Vision impaired Hearing impaired Head injury
 Mental health Specific learning disability

Signed

Date

Day Month Year