

## The Institute's responsibilities

Brisbane North Institute will comply with its obligations under relevant State and Commonwealth disability legislation and policies. The Commonwealth Disability Discrimination Act 1992 (DDA) makes it unlawful for an education "authority" or institution to discriminate against a person with a disability. The Disability Discrimination Act (1992) requires all tertiary Institutes to provide and implement reasonable adjustment if a student or a prospective student with a disability requires an adjustment to enable access and participation to the admission process, training delivery or the environment surrounding these.

For further information please read IG72 Access Team - Disability Services Guidelines for the provision of reasonable adjustment. Please note, where a student's adaptive equipment and/or personal support needs have not been assessed recently, a professional assessment is required. Students may be entitled to receive this assessment through the DET VET Disability Support Services (VDSS). Please make an appointment with Access Team - Disability Services if you require more information.

## The student's responsibilities

All students who require Disability Services are requested to register with Disability Services prior to support being initiated. To develop your individual access plan you are required to make an appointment with the Disability Officer to discuss your needs. All services are provided confidentially and in accordance with privacy regulations. It is your right to choose what you disclose about yourself. This means services are only arranged if you register with Access Team - Disability Services and not automatically when you indicate a disability on your enrolment form. To assist us with this process please bring to your appointment with the Disability Officer;

1. Provide an evidence of need statement describing the nature of your disability or medical condition and any impact that it will have in the training environment. (Please note that you are not required to provide a statement about your disability if you have previously done so).
2. Provide a copy of your timetable indicating the sessions that you require support.
3. Provide a copy of your confirmation of enrolment
4. If you are receiving personal support or equipment and there is a change to your timetable or enrolment you are responsible for informing Disability Services.

Contact details for all campuses:

Access Team - Disability Services

C/- Brisbane North Institute of TAFE

Locked Bag 3 Eagle Farm BC Queensland 4009 Australia

Phone: +61 7 3259 9037 fax: 07 3869 8236 mobile or sms: 0408 575 551

Email: [disability.bnit@deta.qld.gov.au](mailto:disability.bnit@deta.qld.gov.au)



**DISABILITY SUPPORT WORKER**

<b>Personnel:</b>	Comments:
<input type="checkbox"/> Disability support worker <input type="checkbox"/> Disability coach <input type="checkbox"/> Auslan Interpreter <input type="checkbox"/> Field placement mentor <input type="checkbox"/> Tutor (for apprentices and trainees only) <input type="checkbox"/> Other	

**VENUE / ASSESSMENT ADJUSTMENTS**

<b>Adjustment to existing venue:</b>	Comments:
<input type="checkbox"/> Equipment <input type="checkbox"/> Software <input type="checkbox"/> Location & accessibility within venue <input type="checkbox"/> Permission to leave and re-enter classes <input type="checkbox"/> Consent to use personal audio device or other assistive technology <input type="checkbox"/> Other	

<b>Training resources:</b>	Comments:
<input type="checkbox"/> Electronic format or large print <input type="checkbox"/> Braille <input type="checkbox"/> Copy of overheads <input type="checkbox"/> Other	

<b>Training assessments:</b>	Comments:
<input type="checkbox"/> Flexible submission dates <input type="checkbox"/> Submission of work in an alternative format <input type="checkbox"/> Oral presentations <input type="checkbox"/> Other	

**EXAM ADJUSTMENTS**

<b>Adjustment to assessment environment:</b>	Comments:
<input type="checkbox"/> Extra reading and working time minutes per hour <input type="checkbox"/> Separate location <input type="checkbox"/> Disability Support Worker (scribe/reader/ Auslan interpreter) <input type="checkbox"/> Equipment - please state room location _____ <input type="checkbox"/> Software - please state room location & PC/ Unisys Number _____ <input type="checkbox"/> Other	

**PRIVACY STATEMENT:**

The Department of Education and Training is collecting your personal information to help you successfully complete your training. Disability Services may need to discuss your information with relevant departmental officers. These may include TAFE Counsellors, disability support staff, your trainer or another staff member as required.

Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles. For example, we are required to disclose personal information if it is needed to prevent or lessen a serious or imminent threat to your life or health or that of another person.

- If you are under 18 years old, we require a parent/guardian to co-sign any release information with you, prior to any support being actioned.
- If you are under the age of 18 years, your personal information, attendance details, progress and results may be disclosed to your parent/guardian.
- If you are studying towards your secondary education, your personal information, attendance details, progress and results may be disclosed to your school.

**CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_

give permission for Disability Services of Brisbane North Institute of TAFE, at their discretion, to discuss information relating to my disability with the following people and/or organisations: (Please specify any restrictions)

- Disability Support Staff
- Training Staff / Teachers
- BNIT Staff as necessary
- Parent/s, Guardian, Partner      Name: \_\_\_\_\_
- Education or Health Professional      Name: \_\_\_\_\_
- Australian Apprenticeship Centre      Name: \_\_\_\_\_
- Employment Agency      Name: \_\_\_\_\_
- External Organisation      Name: \_\_\_\_\_
- Employer      Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Parent/ Guardian/ Other Signature: \_\_\_\_\_

(If you are under 18 only) \_\_\_\_\_

Date:      /      /20