

Learning Access Application

This application form must be completed by the student and their Programme Director or Programme Coordinator. For further information, refer to the Media Design School [Policies and Procedures](#) page:

- [Disability Policy](#)
- [Procedure for Requesting Reasonable Accommodations due to Disability](#)

If you are unsure of the adjustments and services you require, contact disability@mediadesignschool.com

Section 1: Personal details

First name

Surname

Student ID

Date of birth

Preferred contact number

Email address

Section 2: Programme details

Programme

Campus

Current programme year level

Programme start date

Mode of study: Face-to-face Online

Section 3: Impact of disability or medical condition

Describe how your disability/medical condition will impact your ability to study at Media Design School.

Have you previously applied for an access plan? Yes No If yes, when?

Section 4: Supporting documentation

Details of supporting documentation attached:

Date issued	Document author	Document description
	<input type="text"/>	<input type="text"/>
Date issued	Document author	Document description
	<input type="text"/>	<input type="text"/>
Date issued	Document author	Document description
	<input type="text"/>	<input type="text"/>
Date issued	Document author	Document description
	<input type="text"/>	<input type="text"/>

Section 5: Requested adjustments

Changes to study/campus or online environment

Changes to assessment dates or format

Changes to exam date or format

Any other changes (e.g., format of learning materials or assistive technology)

Section 6: Declaration

I declare that the above information is complete, true and accurate.

I authorise my treating medical practitioner, health practitioner, approved specialist or Media Design School counsellor to release any relevant information necessary to Media Design School in support of my application.

I confirm that I have read the [Disability Policy](#) and the [Procedure for Requesting Reasonable Accommodations due to Disability](#), and understand my responsibilities in the implementation of my Learning Access Application.

I give consent for Media Design School to share relevant health or disability related information about myself with appropriate Media Design School staff or Community Services to identify and/or support any health or disability related needs that may impact upon my study programme. This may include staff with regulatory and compliance responsibilities, and lecturers. I understand that all such information will be used in confidence. However, I also understand that disclosure could occur where MDS may be legally required to do so.

Student's signature

Date:

Health Practitioner's Report (Confidential)

This form must be completed by the student's Health Practitioner, who is familiar and qualified to assess the condition, with consent from the student. For further information, refer to the Media Design School [Policies and Procedures](#) page, particularly the [Disability Policy](#) and [Procedure for Requesting Reasonable Accommodations due to Disability](#).

HEALTH PRACTITIONER: To assist Media Design School in providing the most appropriate support for this student, please provide the following information. The student's agreement to release this information is available below. You can contact the [Disability Advisor](#) if you have questions.

PART A: RELEASE OF INFORMATION

This part is to be completed by the student.

Section 1: Student's details

Student's name

Student ID (if known)

Date of birth

Preferred contact number

Email address

Postal address

Section 2: Agreement to release information

I, , hereby give authority for

(Student's name)

(Practitioner's name)

to release information relating to my disability/medical condition to Media Design School's Disability Advisor. I also grant permission for Media Design School to contact my Health Practitioner for purposes of confirming information provided if required.

Student's signature

Date:

PART B: PRACTITIONER'S REPORT

This part must be completed by the Health Practitioner in accordance with section 7 (Documentation) of the [Procedure for Requesting Reasonable Accommodations due to Disability](#).

Student's name

Student ID (if known)

Is this student the sole carer for a disabled person?

Yes

No

Section 3: Nature of disability or health condition

How long has the student been known to your service?

Indicate the type of condition (please tick all that apply):

Hearing

Vision

Speaking

Physical (mobility/agility)

Mental health

Neurodivergence

Learning

Other:

Date of onset (approximate, if known):

Date when the disability/condition was first diagnosed:

Expected duration of disability/condition:

Permanent

Temporary (less than six months)

Days

Approximate duration:

Please provide a statement on the impact of the disability or condition on the student's ability to study at Media Design School.

[Consider the functional impact on the following: reading, writing, speaking, cognitive processing, concentration, social interaction, sitting intolerance, stamina, mobility orientation, accessing learning materials, and others.]

Recommendations for reasonable study adjustments *(Please identify and outline specific study adjustments which you believe would assist the student to undertake and complete their studies):*

Reasonable adjustments required for classroom and campus environment (e.g. standing and sitting requirements, permission to record classes, extra assistance with practical classes, provision of extra notes/ materials)

Reasonable assessment modifications including addition time for assignments, exams and other programme work

Reasonable changes to exam date or format

Other reasonable study requirements and adjustments not previously listed

Section 4: Timeframe of this documentation

Please indicate the timeframe you recommend for review of this student's medical documentation in regard to impacts of disability/condition on their studies?

- 6 months 12 months 18 months
- 24 months Other, please provide reason:

Section 5: Practitioner's details

Practitioner's name

Position/Occupation:

Registration/Provider No:

Name of organisation/practice (if applicable):

Postal address

Email address

Signature:

Date: