

**APPLICANT DETAILS**

**Name:**

**QTAC Application Number:**

**ELIGIBILITY TO APPLY**

Complete this form if you have experienced injury, illness or have a diagnosed disability and your education provider could not fully adjust for your circumstances.

**APPLICANT STATEMENT**

1. Name of my condition or disability:

2. My school/education provider made access arrangements and/or reasonable adjustments for me due to my illness or disability (tick those that apply):

No adjustments made	Variable progression rate
Additional time to complete tasks	Alternative arrangements for exams
Extensions for assignments	Specialised equipment for disability
Exemption from assessment	Reader/scribe for physical impairment
Re-scheduling exams	Variation in tasks for sensory/physical impairment
Counselling/school support	Modified curriculum
Learning plan	Other

3. How many weeks or months of schooling/education did you miss as a result of your illness or disability?

Provide an attendance record if available.

4. My condition affected my most recent studies because: **(please type directly onto the form or print clearly)**

Applicant to sign: \_\_\_\_\_

**5. SUPPORTING DOCUMENTATION (documents must be included with this form)**

**You MUST provide** the following supporting documentation that substantiates the information you provided in your personal statement:

I have supplied QTAC with documentary evidence of any access arrangements or reasonable adjustments made by my education provider eg Access Plan or AARA documents.

I have had my primary health care provider complete Page 2 of this form.

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## MEDICAL STATEMENT

**(health care professional to complete – applicants must not write in this section)**

1. Medical condition/disability: \_\_\_\_\_

2. Date of diagnosis: \_\_\_\_\_

3. Describe the condition affecting the patient:

4. How long has the patient been affected by the medical condition/disability?

Less than 6 months

1–2 years

5–10 years

6–11 months

2–4 years

Life long

5. To your knowledge, what treatment has the applicant received?(nature of treatment, duration, frequency, medication)

6. Indicate the impact of the medical condition/disability on the patient's ability to study by ticking the appropriate box:

No impact

Limited

Minor

Moderate

Moderate/Severe

Severe

Profound

Very Profound

7. How was the applicant's study impacted? Approximately how much study time did they miss due to illness/disability?

8. Are you aware of any adjustments made for this student by their school/education provider? Tick all that apply.

Don't know

Alternative arrangements for exams

No adjustments

Specialised equipment for disability

Extensions for assignments

Reader/scribe for physical impairment

Exemptions from Assessment

Variation in tasks for sensory/physical impairment

Re-scheduling exams

Modified curriculum

Counselling/school support

Learning Plan

Variable progression rate

Other

9. Details of registered health professional (medical practitioner, psychiatrist, psychologist or specialist **not related to the applicant**)

Name of health care professional: \_\_\_\_\_

Position/occupation: \_\_\_\_\_ Reg/Provider No: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach this to documentation and return to QTAC**

**Upload** your documentation to your online application at <https://applications.qtac.edu.au>