

REGISTRATION FORM FOR DISABILITY SERVICES RĒHITA ME NGĀ RATONGA HAUĀ

If you have any questions about this form, please contact Disability Services via **0800 MASSEY** (0800 627 739) or e-mail us at **disability@massey.ac.nz**. Adobe's free Reader program will allow you to save this completed form.

Student ID:

Address: _____

Surname: _____ Suburb: _____

First name(s): _____ Town/city: _____ Postcode: _____

Birth date: D M Y

Phone: _____

Email: _____

This form must be accompanied by a medical certificate or appropriate supporting documentation about the disability you identify below eg a cognitive and educational assessment report is required for a specific learning disability. Forms received without this information will be returned with a request for the missing information.

Please specify your Impairment/Disability/Medical condition(s):

AREA(S) OF CONCERN

These are some of the more common areas where different health or disability issues can impact on study. Please identify any areas of concern and this will inform discussion with Disability Services.

- Accessibility / getting around campus
- Accessing online resources
- Accessing print material
- Accessing specialist equipment / assistive software
- Communicating with lecturers
- Guidance on applying for alternative test and exam arrangements*
- Hearing in lectures / classes
- Keeping on track with study
- Managing full-time study
- Meeting assignment deadlines
- Participating in classes / labs
- Taking notes in lectures
- Writing / structuring assignments
- No barriers anticipated

* Assessment Services (**exams@massey.ac.nz**) is responsible for approving alternative examination arrangements. The Alternative Exam Arrangements webpage (**massey.ac.nz/?aa8e44801s**) has more information on the application process and deadline.

Please detail any concerns you may have that are not covered under Area(s) of Concern.

PRIVACY DISCLOSURE STATEMENT

This information is being collected to register you with Disability Services to access support for any health and disability issues that may impact your study. We may be unable to register you if you choose not to supply any information noted as mandatory. Your information will be held securely and processed in accordance with our Disability Services Privacy Statement. If you would like to access or correct your information please contact us at **disability@massey.ac.nz**.

Date signed: Day Month Year

Student signature: _____

Please return this form **with supporting information** to **disability@massey.ac.nz** or post to:

**Disability Services, Centre for Teaching and Learning
Massey University, Private Bag 11 222
Palmerston North 4442**