

If you have any questions about this form, please contact Disability Services via **0800 MASSEY** (0800 627 739) or e-mail us at **disinfo@massey.ac.nz**.

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. Registration forms received without this information will be returned to you with a request for the missing information.

<p>Student ID: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Surname: _____</p> <p>First name(s): _____</p> <p>Date of birth: Day Month Year</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> </div>	<p>Address: _____</p> <p>Suburb: _____</p> <p>Town/city: _____ Postcode: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
---	--

IMPAIRMENT/DISABILITY/MEDICAL CONDITION(S)

AREA(S) OF SUPPORT

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
- Hearing in lectures / classes
- Keeping on track with study
- Managing full-time study
- Meeting assignment deadlines
- Participating in classes / labs
- Sitting tests / examinations under standard conditions*
- Taking notes in lectures
- Writing / structuring assignments
- No barriers anticipated

* Assessment Services has responsibility for approving alternative examination arrangements. Please consult the **Alternative Exam Arrangements** web page for further information.

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

CONFIDENTIALITY

Massey University undertakes to protect the confidentiality of personal information which you provide as part of your enrolment, in accordance with the provisions of the Privacy Act 1993. The uses and protection of personal information are specified in the declaration on your Enrolment Application.

Date signed: Day Month Year

Student signature: _____

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

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