

RTO STUDENT SPECIAL NEEDS FORM

INSTRUCTIONS

Notification of special needs is required if students seek reasonable adjustments to their training program. While disclosure of special needs is encouraged, it is not mandatory. However, delays in informing about reasonable adjustments may result in services not being available on time. Students may be required to provide evidence of their special needs (e.g., a medical certificate or similar) to facilitate the provision of support services and adjustments.

STUDENT DETAILS

FULL NAME			
DOB			
RTO	<input type="checkbox"/> 52592 - ABV Training & Consulting Pty Ltd	<input type="checkbox"/> 52053 - Mining Transport and Construction Services Pty Ltd	

NATURE OF SPECIAL NEEDS

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech/Language Impairment | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Neurodiversity | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Temporary Impairment |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Developmental Disorder | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Other Special Needs | |

DETAILS OF SPECIAL NEEDS

Describe your special needs and the circumstances affecting you. Explain how these needs impact your studies and outline the support measures you require.	OFFICE USE ONLY <input type="checkbox"/> Medical Report supplied
How might the special needs impact your training?	
What type of support/adjustment are you requesting from the RTO?	
Additional information:	

STUDENT DECLARATION

I acknowledge that submitting this form does not guarantee automatic approval of reasonable adjustments. Depending on the nature of my special needs, I may be required to provide evidence, such as a medical certificate or reports from an authorised assessing professional (e.g., medical specialist, audiologist, physiotherapist, psychologist). I consent to the RTO verifying the contents of this application as necessary to assess the information provided.

SIGNATURE		DATE	
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OFFICE USE ONLY

Staff Member Name			
Staff Member Position			
Staff Member Signature		Date	

Special Needs Supplement

Introduction

The purpose of the Special Needs supplement is to provide additional information to assist with answering the Nature of Special Needs question.

If you indicated the presence of special needs, please select the area(s) from the following list:

1. **Learning Disability:** A neurological condition that affects the ability to process information, making tasks such as reading, writing, or math challenging despite average or above-average intelligence.
2. **Speech or Language Impairment:** Difficulties with communication, including problems with speaking, understanding language, or processing verbal information.
3. **Mental Health Condition:** Disorders that affect mood, thinking, and behaviour, such as depression, anxiety, or bipolar disorder, impacting daily functioning and emotional well-being.
4. **Chronic Illness:** Long-term health conditions that persist over time, such as diabetes or heart disease, which may require ongoing management and treatment.
5. **Sensory Impairment:** A condition that affects one or more senses, including vision or hearing loss, impacting the ability to perceive and interact with the environment.
6. **Neurodiversity:** Variation in brain function and cognitive processes, including conditions like autism spectrum disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD), reflecting differences in thinking and behaviour.
7. **Cognitive Impairment:** Challenges with mental processes such as memory, attention, and problem-solving, which may affect learning, reasoning, and understanding.
8. **Physical Impairment:** A limitation or loss of physical function, which can affect mobility, dexterity, or other physical abilities, often requiring adaptations or assistive devices.
9. **Mobility Impairment:** Limitations affecting movement or physical mobility, which may require the use of wheelchairs, crutches, or other aids for navigation.
10. **Temporary Impairment:** Short-term conditions that impact function or mobility, such as injuries or post-surgical recovery, requiring temporary accommodations or adjustments.
11. **Medical Condition:** A broad term for health issues, including autoimmune diseases and other disorders, that may impact overall health and require medical management.
12. **Developmental Disorder:** Conditions that affect developmental progress and learning abilities, such as intellectual disabilities or autism spectrum disorders, typically manifesting in childhood.
13. **Learning Difficulty:** Challenges with acquiring knowledge or skills, such as dyslexia, which affects reading and language processing but is distinct from a learning disability.
14. **Other Special Needs:** A general category encompassing various conditions or requirements that don't fit neatly into the other categories but still necessitate specialised support or accommodations.