



THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

# Disability Support Service

## Registration Form

The University of Waikato is committed to supporting the participation of students with disability. If you consider your studies may be affected in some way by disability you will need to complete this form to access the available services. **Continuing students should re-register each year.**

Return this form to Freepost 217, Disability Support Service, Private Bag 3105, Hamilton 3240, New Zealand

### REGISTRATION DETAILS (please print)

Student ID Number (if known)

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Domestic Student

International Student

Surname or Family Name

First or Given Names

Postal Address

Telephone Number

 ( )

Fax

 ( )

Email

Name of Qualification

Major Subject

Faculty/School

Campus

 Hamilton

 Tauranga

 Other: 

Please indicate the area(s) which most closely describe your impairment:

<input type="checkbox"/> Blind	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Speech
<input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Physical/Mobility
<input type="checkbox"/> Medical	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Mental Health	<input type="checkbox"/> RSI/OOS (Occupational Overuse)	<input type="checkbox"/> Temporary
<input type="checkbox"/> Other (please describe) <input style="width: 800px;" type="text"/>		

Is your disability/injury covered by ACC (Accident Compensation Corporation)?  Yes  No

If your disability/injury (either temporary or long term) is as a result of accident ACC may be able to fund support services for you. Please let us know so we can advise further.

Have you registered with the Disability Support Service before?

 Yes  No

Would you like up to date information about the support available?

 Yes  No

Would you like this information in:

 Standard print  Enlarged print  Electronic text  Audio

11. Would you like a Disability Support Service staff to contact you to discuss your individual requirements?

(eg. Notetaking assistance, parking, access, equipment etc)

 Yes  No

Please contact: The Disability Coordinator ph (07) 838 4719 fax (07) 8384282 email [disability@waikato.ac.nz](mailto:disability@waikato.ac.nz) if you wish to discuss any aspect of this registration form PTO..... =>

## NEEDS EVALUATION To be completed by both new and continuing students.

I do not require assistance at this time, or

I require assistance in the following ways:

To hear lectures and tutorials	To see/read print material	To write text
To access grounds, buildings & facilities	Use of special equipment ( <i>describe</i> ):	
Other ( <i>please specify</i> )		

You will be contacted to arrange an interview if you have registered as requiring assistance.

To be eligible for support services while at the university of Waikato, it is essential that you include supporting documentation from a doctor, therapist, or other appropriate professional with this application. This is used by the Disability Support Office in the determining what services will be provided.

⇒ This must describe:

1. the disability or medical condition
2. the impact this has on your study
3. the equipment and/or support services you are applying for
4. whether your condition is permanent, temporary or fluctuating

Support services cannot be provided without the required documentation. Implementation of support services will be based on a range of factors which include the above information, discussion with the student, previous disability support received, available technology, and the longer term view of student needs and independence.

If you have previously supplied documentation to the Disability Support Service please specify what year this was provided:

### PLEASE NOTE:

⇒ If you are applying for *adjustments to exam procedures you will need to complete a separate form 'Application for Special Arrangements for Examinations due to a Learning or Physical Disability'* and return this to the Examinations and Assessment Office in the Gateway. This must be completed six weeks prior to your examination(s) to allow time for arrangements to be made or altered.

## CONSENT AGREEMENT

In order to best meet your needs, it may be necessary to liaise with other staff at the University of Waikato from time to time. Consent from you is required if the information you provide is to be used. It is important that you complete the following:

(Please print your name) I \_\_\_\_\_, give consent to the Disability Support Service, to authorise the obtaining of information from, and provision of relevant information to, University of Waikato staff about myself. Such information is to be used only for the purposes of identifying and/or supporting any disability related needs that may impact on my study program. I understand that all such information shall be used in the strictest confidence. However it is also understood that disclosure could occur in instances where the University may be legally required to make disclosure.

Your signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY:

Enrolled: FT / PT / LFT      TEMP / ACC / SSG      TGA / ONLINE / INT / Other:  
Interview Required: Yes / No      Date Contacted:      Date of Interview:  
Documents supplied: Yes / No      Support Required/Approved: Yes / No  
Notes:

Entered by

Date:

**Supporting Documentation for provision of Disability Support Services at  
The University of Waikato**  
*To be completed by Doctor/Specialist/Psychiatrist*

1. Date:

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2. Students Name:

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3. Address:


4. The above named person has an impairment / disability / medical condition as follows:

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5. The disability / condition is:  Permanent     Temporary    please specify duration: \_\_\_\_\_  
 Fluctuating     Constant     Improving     Degenerating     Progressive

6. The impact this disability is likely to have on the students study at University is:


7. The following support / equipment / modifications are recommended: (eg copies of bullet point/summary notes or detailed notes need to be taken by staff working as scribe for student. Use of dictaphone to record lectures, Hearing/FM system loan equipment)


Practitioner's Name

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NZMC Registration Number:

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Surgery Address:


Signature

Stamp