The University of Waikato is committed to supporting the participation of students with impairments. If you consider your studies may be affected in some way by impairment/disability you will need to complete this form to access the available services. Continuing students NEED to confirm need of service to ensure continuation of services each year.

Return this form to Accessibility Services, Student Centre, Level 1. Opposite Benette Book Store or send Freepost 78837, Accessibility Services, Private Bag 3105, Hamilton 3240, New Zealand.

### REGISTRATION DETAILS (please print)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Student ID Number</td>
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<tr>
<td>Surname or Family Name</td>
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<td>First or Given Names</td>
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<td>Domestic Student</td>
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<td>International Student</td>
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<td>Postal Address</td>
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<td>Cellphone Number</td>
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<td>Home Telephone Number</td>
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<td>Name of Qualification</td>
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<td>Major Subject</td>
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<td>Faculty/School</td>
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<td>Campus</td>
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<td>Hamilton</td>
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<td>Tauranga</td>
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<tr>
<td>Other:</td>
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</tbody>
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Please indicate the area(s) which most closely describe your impairment:

- Blind
- Visually Impaired
- Speech
- Deaf
- Hearing Impaired
- Physical/Mobility
- Medical
- Specific Learning Disability
- Head Injury
- Mental Health
- RSI/OOS (Occupational Overuse)
- Temporary

GP details for Transfer of Care:

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 an accident ACC may be able to fund support services for you. Please let us know so we can advise further.

Have you registered with Accessibility Services before?

Please contact: Accessibility Services Advisor at accessibilityservices@waikato.ac.nz
Or call in and discuss any aspect of this registration form
NEEDS EVALUATION  To be completed by both NEW and CONTINUING students.

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

☐ with use of special equipment (describe):

☐ to sit my in class tests and/or final examinations (you will need to complete a separate forms for this which we will give/email to you)

☐ other (please specify):

You will be contacted to arrange an appointment to discuss your needs

SUPPORTING DOCUMENTATION GUIDELINES  Required when requesting Accessibility Services

Returning students need to provide evidence of medical impairment/disability or condition. Students with fluctuating/temporary conditions need to provide evidence. Students with permanent conditions need to provide evidence 4 yearly.

Applications for support services must include current supporting documentation from a Doctor, therapist, or other appropriate professional. The seeking of information about a student’s condition is used by Accessibility Staff establishing disability, understanding how disability may impact a student, and in making informed decisions about accommodations. Professional judgment is an essential component of this process.

Supporting Documentation must do the following:
1. Provide a specific diagnosis of the disability, impairment or medical condition.
2. Be current.
3. Identify whether the disability is permanent, temporary or fluctuating.
4. Describe in detail the limitations/impact this disability has on the individual and on their study.
5. Recommend specific equipment and/or support services and why these are needed.
6. Establish the professional credentials of the evaluator.

For example supporting documentation for a Specific Learning Disability would normally meet the following standards in order to best assess an individuals need for support:

i. A qualified professional (with training and experience in evaluating adolescents and adults with learning disabilities) must conduct the evaluation. The following professionals would generally be considered qualified: clinical or educational psychologists; school psychologists; neuropsychologists; learning disability specialists. They must be registered/certified to administer C-level psychometric testing at a minimum.

ii. Documentation necessary to substantiate the learning disability must be comprehensive and would normally include:
   a. Diagnostic Interview
   b. Psychometric Assessment
   c. Aptitude/Cognitive Ability
   d. Academic Achievement
   e. Areas of Cognitive and Information Processing

iii. Documentation must include a specific diagnosis
iv. Test scores from standardised instruments should be provided
v. Each accommodation recommended by the evaluator should include a rationale
vi. An interpretative summary should be provided

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 ____________________________, consent to Accessibility Services, obtaining relevant information from, and providing 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: _____/____/____
1. Date:

2. Students Name:

3. Address:

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

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

6. The impact this impairment/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

NZMC Registration Number:

Surgery Address:

Signature

Stamp
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III. Documentation must include a specific diagnosis.

IV. Test scores from standardised instruments should be provided.

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VI. An interpretative summary should be provided.

⇒ If you have any questions regarding this form please contact the Accessibility Services team at accessibilityservices@waikato.ac.nz

Comprehensive information about the range of Accessibility Services available to students studying at The University of Waikato is provided on our website: www.waikato.ac.nz/students/accessibility-services

Please return marked *confidential* to:

**Accessibility Services**
The University of Waikato
Freepost 78837
Private Bag 3105
Hamilton 3240
New Zealand