

STUDENT AGREEMENT

www.tafedisabilities.com.au
www.hunter.tafensw.edu.au

PLEASE READ CAREFULLY, SIGN AND DATE, AND RETURN TO:

Physical Disability Unit, Gosford Campus TAFE, Locked Bag 23, Gosford
OR Fax to: 02 4348 2295

1. EQUIPMENT PROVISION

Equipment and/or furniture will be provided on loan as agreed in my Individual Education Plan. Equipment is provided in accordance with funding availability and at the discretion of the Teacher Consultant for Physical Disabilities.

I agree to provide adequate care of all equipment, and to advise the Physical Disability Unit immediately if any of the following occur:

- ❖ **My timetable or room numbers change**
- ❖ **I consider ceasing or withdrawing from my course**
- ❖ **Any equipment provided to me is missing or damaged**
- ❖ **I no longer require the equipment.**

Unless otherwise agreed with the Teacher Consultant Physical Disability Unit, I will not remove equipment from TAFE premises or re-locate it to another classroom.

2. NOTETAKER OR TUTORIAL ASSISTANCE

A Note-taker and/or Tutor may be provided as part of my Individual Education Plan. I understand these services are provided in accordance with funding availability and at the discretion of the Teacher Consultant for Physical Disabilities.

I agree that in order to receive these services, I must abide by the Terms and Conditions outlined in the Note-taker and Tutorial Guidelines Booklets.

3. EXAMS

If I have examinations, I will notify the Physical Disability Unit as soon as possible to arrange appropriate support.

4. ACCESS

I will advise the Physical Disability Unit immediately if I have difficulty accessing my classrooms or other TAFE locations.

5. RELEASE OF INFORMATION

I give the Physical Disability Unit my permission to discuss aspects of my Individual Education Plan with other people, including: [Tick/delete as appropriate]

- | | |
|---|---|
| <input type="checkbox"/> Family members | <input type="checkbox"/> Medical and Treating Practitioners |
| <input type="checkbox"/> Rehabilitation Provider | <input type="checkbox"/> Centrelink <input type="checkbox"/> TAFE staff |

I understand that only information relevant to my course will be discussed, and that all information will remain strictly confidential.

6. ENROLMENT

I give my permission to the Teacher Consultant for Physical Disabilities to complete an enrolment form (Course 9999) on my behalf as my formal registration with the Physical Disability Unit.

SIGNED: _____ DATE: _____

PRINT NAME: _____