



# Disability/Medical condition request for continued assistance update form

To be completed by student

## 1. PERSONAL INFORMATION

First name  Surname

Student Id Number

Mobile

Telephone (home)

Telephone (work)

Number and street

Suburb  State  Postcode

Degree

Date of birth  /  /

- I confirm that I would like to continue to receive disability support services, equipment and facilities.
- I confirm that there has been no change in my circumstances.
- I confirm that I will update the Disability Support Office with further medical documentation if necessary should my diagnosis change or upon request of the Disability Support Office.

Student's signature

Date  /  /

## PRIVACY STATEMENT

The information provided in this form will be used for the purposes of, and in relation to, your potential enrolment at The University of Notre Dame Australia. Where the privacy principles apply, the University restricts access to those staff members who may need the information in the carrying out of their responsibilities in the academic and/or personal interests of the student. The University does not provide, by commercial arrangement or otherwise, the personal information of students or other stakeholders except in the following cases: a) when authorised in writing to do so, and b) where required or authorised by law to government and regulatory authorities; credit reporting and fraud-checking agencies; to your authorised representatives (e.g. legal representatives).

## OFFICE USE ONLY

- Cross referenced with Request for assistance form

Disability Support Officer/Manager signature

Date  /  /