REGISTRATION FORM FOR DISABILITY AND WELLBEING SUPPORT

PLEASE COMPLETE ALL SECTIONS IN PEN

1. PROGRAMME/S APPLIED FOR

______________________________________ Intended Year of Study

2. STUDENT I.D. (Please complete if you can)

EIT Student ID __________________________________________ National Student ID _______________________________________

3. VENUE

☐ Hawke’s Bay (Taradale) Campus (includes distance or online study)

☐ Tairāwhiti Campus

☐ Auckland Campus

☐ CHB (Waipukurau) Learning Centre

☐ Hastings Learning Centre

☐ Maraenui Learning Centre

☐ Wairoa Learning Centre

☐ Ruatoria Learning Centre

☐ Other (please specify) ____________________________________

4. PERSONAL DETAILS

Legal Surname _____________________________________________

Legal First Names _________________________________________

Date of Birth ____________________________

5. HEALTH INFORMATION

a. Please select the areas which most closely describe your impairment

☐ Deaf

☐ Blind

☐ Medical

☐ Physical/Mobility

☐ Hearing Impaired

☐ Vision Impaired

☐ Mental Health

☐ Brain Injury

☐ Specific Learning

☐ Other (please specify) ____________________________________

b. Do you require assistance in the event of a building evacuation? ☐ Yes ☐ No

c. Did you disclose an impairment on your enrolment form? ☐ Yes ☐ No

d. Is your impairment covered by ACC (Accident Compensation Corporation)? ☐ Yes ☐ No

e. Please describe how your impairment impacts upon your study?

____________________________________________

____________________________________________

____________________________________________

____________________________________________
f. What assistance might you require with your study?

- [ ] Advice/ Guidance  
- [ ] Advocacy  
- [ ] Referrals  
- [ ] Parking Permit  
- [ ] NZSL  
- [ ] Learning Support  
- [ ] Study Support  
- [ ] Note Taking  
- [ ] Ergonomic Equipment  
- [ ] Assistive Technology  
- [ ] Reader/Writer

g. Have you received study assistance before, either at school, EIT or another education institute?

- [ ] Yes  
- [ ] No

If yes, please specify

__________________________

h. Will you require alternative arrangements in tests and examinations?

- [ ] Yes  
- [ ] No  
- [ ] Unsure

6. ELIGIBILITY

We require you to provide supporting documentation of your impairment, disability or medical condition. Supporting documentation can be a written report from your doctor, therapist, educational psychologist or other professional. This will be used by the Disability Support team to determine your eligibility and what services may be required. The supporting evidence must state the impairment/disability or medical condition.

7. CONSENT

If you did not disclose an impairment or disability on the enrolment form please note that health information is confidential to EIT. It will enable EIT to provide you with appropriate support and to determine whether your health may impact on your ability to participate in your studies. The information will also be used to help us meet our health and safety obligations and may be used for statistical purposes. Please note that EIT staff may approach you directly if a concern arises about your health or safety that may be impacting on your studies. I have read and understood this statement ☐

Signature

__________________________  

Date

__________________________

Please return this form by email to disabilityhb@eit.ac.nz

Interviewed by/Signature of Disability Support

__________________________  

Date

Supporting documentation provided ☐