

Appendix A

Disability Services

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Disability Services: Authority to Collect and Exchange Information Form

Australian Catholic University: Privacy Policy

Australian Catholic University is committed to ensuring the privacy of all information it collects. Information supplied to the University will only be used for the administrative and educational purposes of this institution. Personal information will only be disclosed to third parties with the written consent of the student or staff member concerned, unless otherwise prescribed by law. For further information, please see the University's Privacy Policy: <http://www.acu.edu.au/policy/1135885>

Disability Services requires documentation of your disability/medical condition in order to provide appropriate services. Confidential information supplied by you is stored on a secure database and in a locked filing cabinet. It is accessible only to authorised staff. The Disability Advisor will need to communicate with persons to assist in meeting your requirements. This form documents your permission to disclose disability-related information as necessary.

Confidential Information Agreement

I, (please print full name).....

Student ID:

*Please tick only **one** of the three boxes:*

☐ I give permission for the Disability Advisor to inform relevant staff of ACU of my condition (*insert diagnosed medical condition/disability*) _____ and its effects on my studies; OR

☐ I give permission for the Disability Advisor to inform relevant staff of ACU of the impact of my condition (*insert diagnosed medical condition/disability*) _____ on my studies, but not the name of the condition; OR

☐ I do not wish to disclose my condition of _____ or its impact on my studies. I understand that by not agreeing to the release of this information, it may hinder Disability Services' ability to negotiate adjustments and additional support as required. Please read ADCET's information the benefits and disadvantages of disclosure <https://www.adcet.edu.au/students-with-disability/disclosure/>

Additionally:

☐ I give permission for the Disability Advisor to receive information from and contact my medical professionals to discuss my medical condition/disability and its impact. This may include any strategies for its management, as far as it relates to my course of study at ACU.

Disability Services will adjust my Student Connect disclosure information (to be used by the Department of Education and Training for statistical and funding purposes only).

Disability Category (select one): CR HE LE MB MD N VI

This form will remain valid for the duration of my time at ACU. I understand that I can revoke this consent at any time in writing for future disclosures.

Signed: Date: