

# Reasonable Adjustment Form

## REASONABLE ADJUSTMENT PART A – APPLICATION

### INSTRUCTIONS:

- This form is to be completed if a student/candidate has a condition that may prevent them from participating in training and/or assessment or the use of MCI's training/assessment facilities.
- The form may be completed by the student/candidate, the student/ candidate associate or an authorised representative or MCI staff member.
- Please **attach** any relevant supporting evidence to this form (e.g medical certificate).

### Privacy Statement

MCI collects, holds, uses and discloses personal information (including sensitive information) in accordance with the Privacy Act 1988, the Australian Privacy Principles and requirements laid down in MCI's contracts as a service provider to the Commonwealth Government. You have the right to: access and update or correct the personal information that MCI holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MCI Privacy Policy.

Candidate's Name	
Authorised Representative's Name (if applicable)	
Course Name	
Course Location	
Course Start Date	

Please explain how your condition may prevent you from engaging in the course, such as participating in training and/or assessment or using MCI's facilities.

In the relevant table(s) below, please list the adjustment(s) that you think will allow you to engage in the course.

Participation in training	Participation in assessment	Use of facilities

### Declaration

*I authorise MCI to use the information provided in this form to assess the adjustments listed. I understand that under the Disability Standards for Education Act 2005 MCI has the right to refuse the adjustment if it is deemed unreasonable or may impose unjustifiable hardship on MCI.*

Candidate's Signature:	Date:
Authorised Representative's Signature (if applicable):	Date:

**PLEASE SUBMIT THIS FORM TO MCI**

### OFFICE USE

**MCI Staff Member**, if you are completing this form on behalf of the student/candidate please ensure the following (please tick):

Read Privacy Statement     
  Read Declaration     
 Supporting documentation attached     
  Yes  No

Name:	Signature:	Date:
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**Please complete the Reasonable Adjustment Form (B) to assess the above listed adjustments.**