

# Reasonable Adjustment Form

## REASONABLE ADJUSTMENT PART B - ASSESSMENT

### INSTRUCTIONS:

- This form must be completed after the Reasonable Adjustment Form (A) has been lodged.
- The form is to be completed by the Student Well-Being Officer and the Operations Manager (Corporate) or Operations Manager (Institute).
- The **candidate must sign** this form once a decision has been made to confirm that they have been informed of the outcome (regardless of the decision).

### 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. Clients have the right to: access and update or correct the personal information that MCI holds about them, and enquire or complain about the way personal information is being handled. For more details, refer to the MCI's Privacy Policy.

Candidate's Name

Please explain **how** the adjustment(s) suggested in the Reasonable Adjustment Form (A) may **improve** the candidate's ability to participate in the course and to achieve the required learning outcomes.

Please detail how the adjustment(s) may affect the Trainer/Assessor, other students and MCI staff.

**Trainer/Assessor:**

**Other students:**

**MCI staff:**

**PLEASE FORWARD THIS FORM TO THE OPERATIONS MANAGER (CORPORATE OR INSTITUTE)**

### OFFICE USE (To be completed by the Operations Manager (Corporate or Institute))

How long will it take to arrange the adjustment?

(preparation time in days/weeks)

What is the cost of making the adjustment?

Please take all of the assessment points under consideration and make a decision as to whether **the adjustment(s) is/are reasonable** and can be implemented by MCI.

**No**, MCI refuses this adjustments as unreasonable for the reason(s) specified below:

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**No**, MCI refuses this adjustment under the following exception in the Disability Standards for Education Act 2005 (please select):

- 10.2 Unjustifiable hardship
- 10.3 Acts done under statutory authority
- 10.4 Protection of public health
- 10.5 Special measures

**Yes** (please list the adjustment(s) that are approved below).

| Participation in training | Participation in assessment | Use of facilities |
|---------------------------|-----------------------------|-------------------|
|                           |                             |                   |

Approved by:

Signature:

Date:

#### Declaration

Candidate's/Authorised Representative (please tick)

- I agree with the reasonable adjustments decision
- I do not agree with the reasonable adjustments decision (please see the **available options** below)

If you (the candidate) do not agree with the decision you may:

- continue to participate in the course without the adjustment **OR**
- withdraw from the course **OR**
- appeal the decision by lodging a formal complaint, please see the MCI Complaints and Grievances P&P.

Candidate's Signature:

Date:

Authorised Representative's  
Signature (if applicable):

Date:

#### OFFICE USE (To be completed by an MCI staff member, if applicable)

**MCI staff member**, if you are completing this form on behalf of the candidate please ensure the following (please tick):

- Yes  No - Explained the outcome of the assessment (either the reason for non-approval or list the approved items)
- Yes  No - Confirmed that the candidate agrees with the reasonable adjustment decision

*If the candidate does not agree with the suggested reasonable adjustment(s) please explain the **available options** listed in the Declaration.*

Name:

Signature:

Date:

**Please attach this form to the Reasonable Adjustment Form (A) and place the documents in the student's file.**