

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

Hawke's Bay Campus
Twist Library
501 Gloucester Street, Taradale
Napier 4142

0800 22 55 348 | disabilityhb@eit.ac.nz

Tairāwhiti Campus
Tairāwhiti Library
290 Palmerston Road
Gisborne 4010

0800 22 55 348 | disabilityhb@eit.ac.nz

Auckland Campus
Floor 6 (Reception)
238 Queen Street
Auckland CBD 1010

09 300 7410 | disabilityhb@eit.ac.nz

