



**CONFIDENTIAL**

**STUDENT PROFILE FORM**

ACAP requests all enrolling students to complete this form to assist the Counselling and Support Unit provide an informed and comprehensive service.

This information is strictly confidential and will not be given out to any third party. Students are under no obligation to complete all questions. Please sign and return this Form with your Enrolment Agreement Form.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

1. Are you aware of any learning difficulties that may affect your academic performance?  
If yes, briefly explain your situation:

2. Do you have any physical disabilities that you think we should be aware of?  
If yes, briefly explain your situation:

3. Do you have any health or mental health concerns that may effect your studies?  
If yes, briefly explain your situation:

4. Are you taking any medication that you think we should be aware of?  
If yes, briefly explain your situation:

5. Would you like the Student Support Counsellor to contact you to discuss any of the above?  
 Yes  
 No

Daytime contact number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_