

Enquiry Process for the AccessAbility Service

1. Please fill out this Enquiry Form and email it to accessability@acap.edu.au
2. We will respond to the receipt of your enquiry within 3 working days.
3. The AccessAbility Advisor will contact you to discuss eligibility and, if appropriate, will discuss reasonable adjustments for your individual situation.
4. If eligible, you will be sent forms to register with the AccessAbility Service. This will include providing relevant information from your Health Professional.
5. Once your carer / medical condition is verified, reasonable adjustments will be organised. This may not be immediate as it depends on the nature of the adjustment.

Personal details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other:
First name:
Last name:
Other names:
Date of birth (DD/MM/YY):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Student ID (if applicable):
Home telephone:
Mobile telephone:
Telephone other:
Email address:
Disability/health condition:
Is this your first time registering with the AccessAbility Service: <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the nature of your health condition, disability, or caring role?:
What supports/adjustments (if any) did you have in place for any previous studies?:

What reasonable adjustments are you seeking?:
Discipline: <input type="checkbox"/> Counselling <input type="checkbox"/> Criminology <input type="checkbox"/> Psychological Sciences <input type="checkbox"/> Social Work <input type="checkbox"/> Vocational Education & Training (VET)
Level of current course: <input type="checkbox"/> Vocational Education & Training (VET) <input type="checkbox"/> Undergraduate <input type="checkbox"/> Honors <input type="checkbox"/> Postgraduate
Studying mostly: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not sure yet
Applicant's signature:
Date (DD/MM/YY):

Australian College of Applied Psychology
T 1800 039 139
E apply@acap.edu.au
W acap.edu.au