

REASONABLE ADJUSTMENT – APPLICATION		
<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> 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 MTC's training/assessment facilities. The form may be completed by the student/candidate, an authorised representative or MTC staff member. Please attach any relevant supporting evidence to this form (e.g medical certificate). <p>Privacy Statement MTC Australia 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 MTC's contracts as a service provider to the Commonwealth Government. You have the right to access and update or correct the personal information that MTC Australia holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MTC Privacy Policy.</p>		
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 MTC'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
<p>Declaration <i>I authorise MTC Australia to use the information provided in this form to assess the adjustments listed. I understand that under the Disability Standards for Education Act 2005 MTC has the right to refuse the adjustment if it is deemed unreasonable.</i></p>		
Candidate's Signature:		Date:
Authorised Representative's Signature (if applicable):		Date:
<p>I consent that I have read and/or had the Privacy Statement explained to me by MTC staff member (please tick):</p> <p><input type="checkbox"/> Read Privacy Statement <input type="checkbox"/> Read Declaration <input type="checkbox"/> Yes <input type="checkbox"/> No Provided a medical certificate</p>		
Candidate's Name:	Signature:	Date:
RTO Representative Name:	Signature	Date:

**Please submit this form to your SEE Centre Manager / Education Manager or Trainer.
Please complete the Reasonable Adjustment Form (B) if required to assess the above listed adjustments.**

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