



NOTIFICATION OF NEED FOR SUPPORT SERVICES – STUDENTS WITH DISABILITIES

Surname/Family name:

Given names:

Student number:

Course code:

Phone number:

Address:

..... Postcode:

Course name:

Campus:

Study mode: full-time part-time external

What is the nature and severity of your disability?

.....

.....

.....

Have you previously worked with a counsellor or the Disabilities Officer in relation to your support needs at QUT?

Yes No

Signature: _____

Date: _____

Please return this form as soon as possible to:

The Disability Officer
c/- Counselling Services
QUT Gardens Point
GPO Box 2434
Brisbane Qld 4001

Please note that support services are not arranged on the basis of information provided on this form. The Disability Officer will contact you to offer an individual appointment to discuss your needs in detail.