



SPECIAL NEEDS – REQUEST FORM

This form needs to be submitted to dannyf@etu.asn.au at least 10 days prior to the training start date. Please contact Danny Filazzola if you have any queries on 03 8329 0000.

Participant Name:	
Course:	<input type="checkbox"/> HSR Initial OHS training course <input type="checkbox"/> HSR Refresher OHS training course
Course Date/s:	
Disability / Condition / Challenge:	
Medical certificate attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please elaborate on your disability/condition/challenge:	
Please advise how the ETU can assist and support your learning:	
Participant declaration: I attest that the above information is true and correct.	
Signature:	Date:
OFFICE USE ONLY	
The approved trainer must: <input type="checkbox"/> Discuss the disability/condition/challenge with the participant <input type="checkbox"/> Discuss and consult with the participant on the options available <input type="checkbox"/> Analyse and assess the request taking into consideration the Underpinning Principles and the Special Needs Policy.	
Adjustments to be made to the course (incl. relevant approval):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please notate the changes to be made:	
If no, the reason why no changes will be made:	
Trainer Name (print):	
Trainer Signature:	
Date:	