



Acknowledgement of Use and Disclosure of Personal Information

Important: Personal information about students is protected under the *Privacy and Personal Information Protection Act 1988* (NSW), the *Health Records and Information Privacy Act 2002* (NSW) and the University of Sydney Privacy Policy and Plan (copies of which are available at <http://www.usyd.edu.au/arms/privacy>).

You do not have to disclose your disability or medical condition to the University. However, if you require support from Disability Services you will need to register and provide documentation regarding your disability.

Subject to situations where the University is required by law to do so, the personal information which you provide will only be used in the strictly limited circumstances outlined below and will be retained in accordance with the requirements of the *State Records Act (1998)* (NSW). Please visit <http://sydney.edu.au/stuserv/disability/> for further information.

I acknowledge and agree that Disability Services and the University may disclose sufficient of the personal information I provide to:

- other parts of the University (including my faculty and Faculty Student Disability Liaison Officers), to identify and provide reasonable adjustments for my disability;
- practicum, field and clinical placement providers, to identify and provide reasonable adjustments for my disability whilst I undertake training or placement; and
- medical practitioners and/or treating specialists where it is necessary to do so in order to meet legal obligations relating to my health, safety and welfare or that of other people.

I acknowledge and accept that:

- While the provision of information to Disability Services is not mandatory, if I do not provide relevant and accurate information about my disability, the University may not be able to identify and implement appropriate adjustments for me;
- I should notify the Disability Services of changes to my disability or relevant changes to my personal circumstances; and
- If I fail to meet indicated timelines or do not notify Disability Services of relevant information the University may not be able to identify and implement appropriate adjustments for me.

Signature: _____

Name: _____

Date: _____