# APPLICATION FOR SPECIAL ASSISTANCE

Open Polytechnic
KURATINI TUWHERA

Academic Registry • 3 Cleary St • Private Bag 31914 • Lower Hutt 5040 • New Zealand
Phone 0508 650 200 • 04 913 5300 • Fax 04 913 5582 • www.openpolytechnic.ac.nz

## Personal Details – Please print clearly

Use this form if you have a disability or long term medical condition and you require special assistance to enable you to study or to complete your coursework and/or examination. If you are applying for examination assistance you will need to forward this completed form to the Academic Registrar at least six weeks prior to your examination. You can email **exams@openpolytechnic.ac.nz** to discuss your needs, or call **0508 650 200**.

Family Name _____

Given Name(s) _____

Home Address _____

_____

_____

Student number | | | | | | | |

Date of birth | | | | | | (day / month / year)

Signature _____

Date | | | | | | (day / month / year)

telephone ( ) _____

Fax Number ( ) _____

Email _____

Course(s) _____

_____

_____

## Office Use Only

Application received:

Signature _____

Date | | | | | | (day / month / year)

Application actioned:

Signature _____

Date | | | | | | (day / month / year)

## Nature of Disability

Please explain the nature of your disability or specific need, and attach evidence of disability or medical condition. This may be in the form of a medical certificate or other report from a recognised agency, for example, ACC, or in the case of a learning disability, an assessment from Literacy Aotearoa or similar agency.

_____

_____

_____

_____

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## What form of assistance are you seeking?

Study/coursework assistance (enlarged print, coursework on disk and so on).

Please specify: _____

_____

_____

_____

Examination assistance:

☐ Reader* ☐ Writer* ☐ Special furniture or access

* An additional 30 minutes examination time will automatically be available

☐ Other – Please specify:

_____

_____

_____

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