

ENROLMENT FORM



AUSTRALIAN
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Application for Enrolment

| | | | |
|--|---|--------------------------------|----------------------|
| Which course/Unit of competency would you like to enrol into? | <input type="checkbox"/> BSB50120 Diploma of Business <input type="checkbox"/> BSB60420 Advanced Diploma of Leadership and Management <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC52021 Diploma of Community Services <input type="checkbox"/> CPP20218 Certificate II in Security Operations <input type="checkbox"/> ICT50220 Diploma of Information Technology <input type="checkbox"/> ICT60220 Advanced Diploma of Information Technology <input type="checkbox"/> Others: <input type="text"/> | | |
| Preferred start date: | <input type="checkbox"/> As soon as possible | <input type="checkbox"/> From: | <input type="text"/> |
| Have you ever studied with ALIT before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Do you wish to apply for Credit ? <i>If YES, certified copies of transcripts from previous qualifications must be provided with this form, along with a Credit Transfer Application Form</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Maybe - I'd like more information | | |
| Do you wish to apply for Recognition of Prior Learning ? <i>If you indicate YES, you will be contacted to discuss this further</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | <input type="checkbox"/> Maybe - I'd like more information | | |

Personal Details

| | |
|--|---|
| 1. | Enter your full name <input type="checkbox"/> Single Name only (<i>Tick this box if you have one name only that cannot be written in the following format. Write your single name in the 'Family name section).</i> |
| Family name (surname): | <input type="text"/> |
| First given name: | <input type="text"/> |
| Second given name (middle): | <input type="text"/> |
| <p><i>Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want ALIT to apply for a USI on your behalf, <u>you must write your name, including any middle names, exactly as written in the identity document</u> you choose to use for this purpose. See section on the USI at the end of this form for a detailed explanation.</i></p> | |

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| | | |
|-----------|--|--|
| 2. | Enter your birth date | <input type="text"/> |
| 3. | Gender (Tick ONE box only) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| 4. | Enter your contact details: | |
| | Home phone: | <input type="text"/> |
| | Work phone: | <input type="text"/> |
| | Mobile: | <input type="text"/> |
| | Email address: | <input type="text"/> |
| | Alternative email address (<i>optional</i>): | <input type="text"/> |
| 5. | What is the address of your usual residence? | |
| | <i>Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.</i> | |
| | <i>If you are from a rural area use the address from your state's or territory's 'rural property addressing' or 'numbering' system as your residential street address.</i> | |
| | <i>Building/property name is the official place name or common usage name for an address site, including the name of a building, Aboriginal community, homestead, building complex, agricultural property, park or unbounded address site.</i> | |
| | Building/ property name | <input type="text"/> |
| | Flat/unit details: | <input type="text"/> |
| | Street or Lot Number (<i>e.g. 205 or Lot 118</i>): | <input type="text"/> |
| | Street name: | <input type="text"/> |
| | Suburb, locality or town: | <input type="text"/> |
| | State/territory: | <input type="text"/> |
| | Postcode: | <input type="text"/> |
| 6. | What is your postal address (if different from above) ? | |
| | Building/ property name | <input type="text"/> |
| | Flat/unit details: | <input type="text"/> |
| | Street or Lot Number (<i>e.g. 205 or Lot 118</i>): | <input type="text"/> |
| | Street name: | <input type="text"/> |

ALIT EDUCATION GROUP PTY. LTD. As proprietary company trading as

Australian Leading Institute of Technology | ABN: 61 610 991 145 | RTO No:45156 | CRICOS:03981M

500 Spencer St., West Melbourne VIC 3003 | Telephone: (03) 9917 5018 | Email: info@alit.edu.au | Website: <https://alit.edu.au/>

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| | | | |
|---------------------------|----------------------|-----------|----------------------|
| Suburb, locality or town: | <input type="text"/> | | |
| State/territory: | <input type="text"/> | Postcode: | <input type="text"/> |

Language and cultural diversity

| | |
|--|---|
| 7. In which country were you born? | <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify: <input type="text"/> |
| 8. Do you speak a language other than English at home? <i>(If more than one language, indicate the one that is spoken most often)</i> | <input type="checkbox"/> No, English only <input type="checkbox"/> Yes, other, please specify: <input type="text"/> |
| 9. Are you of Aboriginal or Torres Strait Islander origin? <i>(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander |

Disability

| | | |
|--|---|--|
| 10. Do you consider yourself to have a disability, impairment or long-term condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No – go to question 12. | |
| 11. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list: <i>(You may indicate more than one area) Please refer to the Disability supplement (at the back of this form) for an explanation of the following disabilities.</i> | | |
| <input type="checkbox"/> Hearing/deaf | <input type="checkbox"/> Physical | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Acquired brain impairment |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other |

Schooling

| | | |
|---|---|--|
| 12. What is your highest COMPLETED school level? <i>(tick one box only)</i> | <p>If you are currently enrolled in secondary education, the <i>Highest school level completed</i> refers to the highest school level you have actually completed and not the level you are currently undertaking. For example, if you are currently in Year 10 the Highest school level completed is Year 9.</p> | |
| <input type="checkbox"/> Year 12 or equivalent | <input type="checkbox"/> Year 11 or equivalent | <input type="checkbox"/> Year 10 or equivalent |
| <input type="checkbox"/> Year 9 or equivalent | <input type="checkbox"/> Year 8 or below | <input type="checkbox"/> Never attended school <i>Go to question 14</i> |
| 13. Are you still enrolled in secondary or senior secondary education? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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Previous qualifications achieved

| | | |
|------------|--|---|
| 14. | Have you SUCCESSFULLY completed any of the qualifications listed in question 15? | <input type="checkbox"/> Yes - <i>indicate below Question 15</i> <input type="checkbox"/> No - <i>Go to Question 16</i> |
| 15. | If yes, tick ANY applicable boxes Please indicate one of these Prior Education Achievement Recognition Identifiers any applicable qualification level A – Australian, E– Australian equivalent, I – International. Note: If you have multiple Prior Education Achievement Recognition Identifiers for any one qualification, use the following priority order to determine which identifier to use: A – Australian E– Australian equivalent I – International | |
| | <input type="checkbox"/> A/E/I Bachelor degree or higher degree <input type="checkbox"/> A/E/I Advanced diploma or associate degree <input type="checkbox"/> A/E/I Diploma (or associate diploma) <input type="checkbox"/> A/E/I Certificate IV (or advanced certificate/technician) | <input type="checkbox"/> A/E/I Certificate III (or trade certificate) <input type="checkbox"/> A/E/I Certificate II <input type="checkbox"/> A/E/I Certificate I <input type="checkbox"/> A/E/I Other education (including certificates or overseas qualifications not listed above) |

Employment

| | | | |
|------------|--|--|---|
| 16. | Of the following categories, which BEST describes your current employment status? <i>(Tick one box only)</i> For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week). | | |
| | <input type="checkbox"/> Full-time employee | <input type="checkbox"/> Part-time employee | <input type="checkbox"/> Self-employed – not employing others |
| | <input type="checkbox"/> Self-employed – employing others | <input type="checkbox"/> Employed – unpaid worker in a family business | <input type="checkbox"/> Unemployed – seeking full-time work |
| | <input type="checkbox"/> Unemployed – seeking part-time work | <input type="checkbox"/> Not employed – not seeking employment | |

Study Reason

| | | |
|------------|---|---|
| 17. | Of the following categories, select the one which BEST describes your main reason for undertaking this course/traineeship/apprenticeship? <i>(Tick one box only)</i> | |
| | <input type="checkbox"/> To get a job | <input type="checkbox"/> It was a requirement of my job |

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| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> I wanted extra skills for my job |
| <input type="checkbox"/> To start my own business | <input type="checkbox"/> To get into another course of study |
| <input type="checkbox"/> To try for a different career | <input type="checkbox"/> For personal interest or self-development |
| <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> To get skills for community/voluntary work |
| <input type="checkbox"/> Other reasons | |

Next of kin/emergency contact

These are people that ALIT may need to contact in an emergency during your participation in training. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to ALIT.

Name:

Relationship to you:

Address:

Home phone: Work:

Mobile: Email:

Unique Student Identifier (USI)

From 1 January 2015, Australian Leading Institute (ALIT) can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI).

Applying for a USI: If you have not yet obtained a USI you can apply for it directly at <https://www.usi.gov.au/your-usi/create-usi> on computer or mobile device.

If you already have one: You may already have a USI if you have done any nationally recognised training, which could include training at work, completing a first aid course or RSA (Responsible Service of Alcohol) course, getting a white card, or studying at a TAFE or training organisation. It is important that you try to find out whether you already have a USI before attempting to create a new one. You should not have more than one USI. To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faqs/find-your-usi>

18. Enter your unique student identifier ? If you already have one or have applied for one.

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

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19. If you do not have a USI, would you like us to apply for a USI on your behalf?

- Yes** - *please complete 'Applying on your behalf', questions and declaration*
- No** - *skip to next section.*

APPLYING ON YOUR BEHALF: Delete Question 21 and remainder of this box if you do not apply for USIs on behalf of students – please be aware of the following advice in deciding whether or not to include this.

Advice to RTOs: The *Student Identifiers Act 2014* (s.11) requires RTOs to destroy personal information collected from individuals **solely** for the purpose of applying for a USI on their behalf as soon as practicable after the application has been made or the information is no longer needed for that purpose. If you are required by or under a law to retain this information, then you may wish to include a statement on the form to explain that.

Under Standard 3.6 (d), you are required to ensure the security of the USI and all related documentation under your control, including information stored in your student management systems.

If you would like ALIT to apply for a USI on your behalf you must authorise us to do so and declare that you have read the privacy information at <https://www.usigovau/documents/privacy-notice-when-rto-applies-their-behalf>

You must also provide some additional information as noted at the end of this form so that we can apply for a USI on your behalf. Please provide your town/city of birth and ensure that the name written in 'Personal Details' section is exactly the same as written in the document you provide below.

In accordance with section 11 of the *Student Identifiers Act 2014*, ALIT will securely destroy personal information which we collect from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after we have made the application or the information is no longer needed for that purpose, unless we are required by or under any law to retain it.

| | | | | | | | | | | |
|---|---|--|--|---|---|--|---|--|---|---|
| 20. | Town/City of Birth <i>(Please write the name of the Australian or overseas town or city where you were born)</i> | | | | | | | | | |
| 21. | We will also need to verify your identity to create your USI <i>Please provide details for one of the forms of identity below</i> | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. Australian Driver's Licence State: <input type="text"/> Licence Number: <input type="text"/> </td> <td style="width: 50%; vertical-align: top;"> 2. Medicare Card Medicare card number: <input type="text"/> Individual reference number (next to your name on Medicare card) : <input type="text"/> Card colour: (select which applies) Green <input type="checkbox"/> Expiry Date: <input type="text"/> Yellow <input type="checkbox"/> Expiry Date: <input type="text"/> Blue <input type="checkbox"/> Expiry Date: <input type="text"/> </td> </tr> <tr> <td style="vertical-align: top;"> 3. Immicard Immicard Number: <input type="text"/> </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 4. Certificate of Registration by Descent Acquisition date : <input type="text"/> </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 5. Australian Birth Certificate State/Territory: <input type="text"/> </td> <td style="vertical-align: top;"> 6. Non-Australian Passport (with Australian Visa) Passport Number: <input type="text"/> </td> </tr> </table> | | | 1. Australian Driver's Licence State: <input type="text"/> Licence Number: <input type="text"/> | 2. Medicare Card Medicare card number: <input type="text"/> Individual reference number (next to your name on Medicare card) : <input type="text"/> Card colour: (select which applies) Green <input type="checkbox"/> Expiry Date: <input type="text"/> Yellow <input type="checkbox"/> Expiry Date: <input type="text"/> Blue <input type="checkbox"/> Expiry Date: <input type="text"/> | 3. Immicard Immicard Number: <input type="text"/> | | 4. Certificate of Registration by Descent Acquisition date : <input type="text"/> | | 5. Australian Birth Certificate State/Territory: <input type="text"/> | 6. Non-Australian Passport (with Australian Visa) Passport Number: <input type="text"/> |
| 1. Australian Driver's Licence State: <input type="text"/> Licence Number: <input type="text"/> | 2. Medicare Card Medicare card number: <input type="text"/> Individual reference number (next to your name on Medicare card) : <input type="text"/> Card colour: (select which applies) Green <input type="checkbox"/> Expiry Date: <input type="text"/> Yellow <input type="checkbox"/> Expiry Date: <input type="text"/> Blue <input type="checkbox"/> Expiry Date: <input type="text"/> | | | | | | | | | |
| 3. Immicard Immicard Number: <input type="text"/> | | | | | | | | | | |
| 4. Certificate of Registration by Descent Acquisition date : <input type="text"/> | | | | | | | | | | |
| 5. Australian Birth Certificate State/Territory: <input type="text"/> | 6. Non-Australian Passport (with Australian Visa) Passport Number: <input type="text"/> | | | | | | | | | |

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|---|---|
| Details vary according to State/Territory (see note above) | Country of Issue: <input type="text"/> |
| 7. Australian Passport Passport Number: <input type="text"/> Expiry date: <input type="text"/> | 8. Citizenship Certificate Stock Number: <input type="text"/> Acquisition date: <input type="text"/> |

USI APPLICATION DECLARATION

- I authorise ALIT to apply pursuant to sub-section 9 (2) of the Student Identifiers Act 2014, for a USI on my behalf.
- I have read and I consent to the collection, use and disclosure of my personal information pursuant to the information detailed at :
<http://www.usigov.au/Training-Organisations/Pages/Privacy-Notice.aspx>.

Student Signature

Date:

Student Name:

NB for RTOs: The Student Identifiers Act 2014 (s.11) requires RTOs to destroy personal information collected from individuals solely for the purpose of applying for a USI on their behalf as soon as practicable after the application has been made or the information is no longer needed for that purpose. If you are required by or under a law to retain this information, then you may wish to include a statement on the form to explain that.

Under Standard 3.6 (d), you are required to ensure the security of the USI and all related documentation under your control, including information stored in your student management systems.



PRIVACY NOTICE

Sections added by RTO are in purple and recommended but optional to include, the rest is per the NCVER sample provided (R8 Enrolment form available here: <https://www.ncver.edu.au/rto-hub/statistical-standard-software/standard-enrolment-questions-example-form>).

Why we collect your personal information

As a registered training organisation (RTO), we (Australian Leading Institute of Technology) collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us.

We are required to collect the information on this form, and as such cannot enrol you as a student if this form is incomplete.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law (under the National Vocational Education and Training Regulator Act 2011 (Cth) (NVETR Act)) to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the Privacy Act 1988 (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

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The NCVET does not intend to disclose your personal information to any overseas recipients. For more information about how the NCVET will handle your personal information please refer to the NCVET's Privacy Policy at www.ncvet.edu.au/privacy

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVET Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at <https://www.dese.gov.au/national-vet-data/vet-privacy-notice>

Surveys

You may receive a student survey which may be run by a government department or an NCVET employee, agent, third-party contractor or another authorised agency. Please note you may opt out of this surveys at the time of being contacted.

You may also be contacted by or on behalf of our regulatory body, the Australian Quality Skills Authority (ASQA) in relation to a survey about the training and assessment services that you have been provided with.

These survey responses do not belong to ALIT and are separate to any surveys that ALIT asks you to complete which are to contribute to improving the courses and services it provides.

Contact information

At any time, you may contact ALIT to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Student Declaration and Consent

Please ensure all mandatory questions are complete and legible and then complete the below (please tick all):

- I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Notice above.
- I declare that the information I have provided to the best of my knowledge is true, correct and complete.

Student Signature

Date:

Student Name:

Parent/Guardian approval Required If you are under 18 years of age at time of application

Parent/Guardian
Signature:

Date:

Parent/Guardian
Name:

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Disability supplement

The purpose of the Disability supplement is to provide additional information to assist with answering the disability question.

If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following list:

Disability in this context does not include short-term disabling health conditions such as a fractured leg, influenza, or corrected physical conditions such as impaired vision managed by wearing glasses or lenses.

'11 — Hearing/deaf'

Hearing impairment is used to refer to a person who has an acquired mild, moderate, severe or profound hearing loss after learning to speak, communicates orally and maximises residual hearing with the assistance of amplification. A person who is deaf has a severe or profound hearing loss from, at, or near birth and mainly relies upon vision to communicate, whether through lip reading, gestures, cued speech, finger spelling and/or sign language.

'12 — Physical'

A physical disability affects the mobility or dexterity of a person and may include a total or partial loss of a part of the body. A physical disability may have existed since birth or may be the result of an accident, illness, or injury suffered later in life; for example, amputation, arthritis, cerebral palsy, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia or post-polio syndrome.

'13 — Intellectual'

In general, the term 'intellectual disability' is used to refer to low general intellectual functioning and difficulties in adaptive behaviour, both of which conditions were manifested before the person reached the age of 18 It may result from infection before or after birth, trauma during birth, or illness.

'14 — Learning'

A general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability.

'15 — Mental illness'

Mental illness refers to a cluster of psychological and physiological symptoms that cause a person suffering or distress and which represent a departure from a person's usual pattern and level of functioning.

'16 — Acquired brain impairment'

Acquired brain impairment is injury to the brain that results in deterioration in cognitive, physical, emotional or independent functioning. Acquired brain impairment can occur as a result of trauma, hypoxia, infection, tumour, accidents, violence, substance abuse, degenerative neurological diseases or stroke These impairments may be either temporary or permanent and cause partial or total disability or psychosocial maladjustment.

'17 — Vision'

This covers a partial loss of sight causing difficulties in seeing, up to and including blindness. This may be present from birth or acquired as a result of disease, illness or injury.

'18 — Medical condition'

Medical condition is a temporary or permanent condition that may be hereditary, genetically acquired or of unknown origin. The condition may not be obvious or readily identifiable, yet may be mildly or severely debilitating and result in fluctuating levels of wellness and sickness, and/or periods of hospitalisation; for example, HIV/AIDS, cancer, chronic fatigue syndrome, Crohn's disease, cystic fibrosis, asthma or diabetes.

'19 — Other'

A disability, impairment or long-term condition which is not suitably described by one or several disability types in combination Autism spectrum disorders are reported under this category.

ALIT ADMIN ONLY: All mandatory fields complete and legible?

Yes

No – Comments:

Date:

Initial: _____