



Access Arrangements and Reasonable Adjustments (AARA) Application

Application – To be filled in by student or staff member

Student name: \_\_\_\_\_ Form class: \_\_\_\_\_

**Requested AARA**

Subject/s: \_\_\_\_\_

Extension     Other: \_\_\_\_\_

Reasoning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence provided (please attach):

Medical Certificate     Other: \_\_\_\_\_

Application completed by: \_\_\_\_\_ Staff / Student

Approval – To be filled in by Deputy Principal or Dean

Principal reported <input type="checkbox"/>	QCAA approved <input type="checkbox"/>
Evidence attached <input type="checkbox"/>	School statement <input type="checkbox"/>
	Evidence attached <input type="checkbox"/>
	Uploaded for approval <input type="checkbox"/> Date: _____
<b>Approved</b> Date: _____ <input type="checkbox"/> Approved by: _____	<b>Approved by QCAA</b> Date: _____ <input type="checkbox"/>

**AARA to be implemented:**

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_