



Please complete this form in **BLACK INK** using **CAPITAL LETTERS**.

This form is to be used to confirm that as a result of your disability, you cannot enrol in a full time study load and/or on an internal (face to face) basis.

Scan and email the completed form to the Disability Service at [disability@westernsydney.edu.au](mailto:disability@westernsydney.edu.au). Please note, you must send the email from your student email address.

More information about applying for a Concession Opal card is available at [westernsydney.edu.au/travelconcession](http://westernsydney.edu.au/travelconcession).

**1 - PERSONAL DETAILS**

Student ID number  Daytime contact phone number

Title  Family name

Given name(s)

**2 - MEDICAL CERTIFICATE**

The certificate must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.

Name of practitioner

Provider number

Address

Contact telephone(s)

Date of attendance at surgery Date  /  /  Time

I certify that

Provider's stamp

**MUST BE  
AFFIXED  
HERE**

If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application.

has a disability as defined under the Disability Discrimination Act and as a result:

- is only able to undertake a part time study load
- doesn't have the capacity to enrol as an internal (face to face/on campus) student

Practitioner's signature  Date

**All sections of this form must be completed.**

**3 - APPROVAL - HEAD, DISABILITY SERVICE ONLY**

Application for Concession Opal card approved on the basis of the student's disability:  Yes  No

Name of Head, Disability Service

Head, Disability Service's signature  Date

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal, an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.