Employment Equity & Diversity (EED)

Disability Data Collection – Strictly Confidential

We would like to encourage people who have acquired a disability since commencing at the University to complete this form and return it to the Director, EED Unit.

A person with a disability can usually identify with one or more of the limitations or restrictions listed below.

Please identify your disability by ticking the relevant boxes

- [ ] a long term medical condition or ailment
- [ ] speech difficulties in your native language
- [ ] disfigurement or deformity
- [ ] a psychiatric condition
- [ ] head injury, stroke or any other brain damage
- [ ] loss of sight or hearing
- [ ] incomplete use of any part of your body
- [ ] blackouts, fits or loss of consciousness
- [ ] restriction in physical activities or in physical work
- [ ] slowness at learning or understanding
- [ ] any other condition resulting in a restriction

Do you require adjustment to be made at work?
Please answer “yes” to this question if your disability requires a change to any of the following:

- [ ] the tasks of the job
- [ ] how others behave towards you
- [ ] your working hours
- [ ] Yes
- [ ] No

Do you wish to have the EED Unit forward your contact details to the WHS Unit for assistance with workplace adjustments?

- [ ] Yes
- [ ] No

Thank you for taking the time to complete this form and return to Director EED
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