

Special Needs Form

Please email your completed form to education@faaa.au

FAAA Member ID:	Unit of Study & Semester:
First Name:	Surname:
Email:	Phone:

Complete this form with your supporting medical documentation and email to us no later than **two (2) weeks** prior to the exam.

Please tick the areas affected by your medical condition/requirement:

- Vision
 Learning
 Hearing
 Mobility
 Mental Health
 Other (please specify):

Please provide a written request which outlines:

- The nature of your medical condition/requirement
- Details of the specific assistance required, and
- Details of any specific assistance previously granted
- Recent (ie. Within the last five year) supporting medical documentation regarding the medical condition/requirement

PRIVACY

The FAAA is committed to ensure the personal information of all members are collected, used, handled, stored and disclosed in compliance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). The FAAA's Privacy Statement (also referred to as Privacy Policy) (available online at <http://faaa.au/about/privacy> or upon request) outlines the way in which the FAAA will comply with the obligations under the Privacy Act, including an outline on the kind of personal information that will be collected and held, how personal information is collected and held, the purpose of the collection of personal information, how an individual can access personal information and the way in which the FAAA will store and disclose personal information. In the course of FAAA activities, the FAAA collects and holds personal information. Please be aware that the main purposes for collecting that personal information include those set out in FAAA's Privacy Statement. Please ensure that you read this Privacy Statement prior to completing this form.

DECLARATION

- I hereby declare that the statements in this application are complete and true.
- I acknowledge that I have read and understood the FAAA Privacy Statement/Privacy Policy, as amended from time to time. I consent to the collection, use and disclosure of any information provided in this form and otherwise held or acquired by FAAA in accordance with and for the purposes outlined in the Student Privacy Statement contained within the CFP® Certification Program Handbook. I have read and agree to all the policies, procedures, and rules as outlined in the CFP® Certification Program Handbook as well as those on the FAAA website at www.faaa.au/about/privacy.

Your signature:

Date: