**Skills Disability Support**

Application Form

# Instructions

* Read the [SDS](https://desbt.qld.gov.au/__data/assets/pdf_file/0024/7980/sds-guidelines.pdf) Guidelines 2025 to determine your eligibility for Skills Disability Support
* Read [How to apply for and manage subsidised support](https://desbt.qld.gov.au/__data/assets/pdf_file/0020/8084/sds-instructions.pdf) for more information about completing your application form.
* Download and complete the [Application form.](https://desbt.qld.gov.au/__data/assets/word_doc/0019/8074/sds-application.docx)
* Attach proof of enrolment detailing student name and USI number, qualification name/code, state fund source code, nominal hours of enrolled units, start and close of study dates and student results to date.
* Attach evidence of disability.
* Submit the completed application to SkillsDisabilitySupport@desbt.qld.gov.au.
* Submit the application and attachments from the registered training organisation (RTO) email. This address will be used for all future correspondence for this application, unless otherwise advised by you.

**Privacy notice:** The Department of Employment, Small Business and Training (DESBT), through SDS, is collecting the information on this form in accordance with the Disability Discrimination Act 1992 to improve disability support arrangements between DESBT and the student through the registered training organisation (RTO). The information will not be disclosed to any other person or agency unless you have given us permission or it is required or authorised by law.

**Certification**

|  |
| --- |
| I certify that:* to the best of my knowledge, the details entered on this form are complete, current, true, accurate and not misleading
* the support requested is required for learning as detailed in the ‘evidence of need’ statement
* I understand and agree to the current conditions governing provision of SDS as detailed in the [Terms of Use](https://desbt.qld.gov.au/__data/assets/pdf_file/0013/8050/sds-terms-of-use.pdf).
 |

Student name:

Student signature: / /

Parent/Guardian signature (if under 18): / /

Authorised RTO officer signature: / /

# RTO details

Authorised RTO officer name: **Type text here**

Authorised RTO officer position: **Type text here**

RTO Name **Type text here**

Campus where the student will study: **Type text here**

# Student details

Unique Student Identifier (USI): **Type text here**

Gender: **Type text here**

Date of Birth: **Type text here**

Address: **Type text here**

Student will be undertaking: [ ]  Full Qual [ ]  Part Qual [ ]  Skill set

Student will study: [ ]  Full time [ ]  Part time

# Qualification details

Qualification name and code: **Type text here**

State fund source code: **Type text here**

Commencement date (this qual/course): **Type text here**

Expected completion date (this **entire** qual/course): **Type text here**

Support commencement date **Type text here**

(*up to 8 weeks backdating permitted*):

Total Units to be completed: **Type text here**

Total Nominal Hours to be enrolled in: **Type text here**

# Identified disability (must be completed):

[ ]  Acquired Brain Injury

[ ]  Autism Spectrum Disorder

[ ]  Blind/low vision

[ ]  Deaf/hard of hearing

[ ]  Intellectual

[ ]  Learning

[ ]  Medical

[ ]  Mental health

[ ]  Physical

[ ]  Other (please specify): **Type text here**

# Assistance requested

### Evidence of need statement

|  |  |
| --- | --- |
| **Describe the student’s specific VET challenges due to their disability.**Please attach professional diagnoses and supporting reports. |  |
| Describe **previous support** utilised by the student and its effectiveness (for example, during school or previous tertiary study). |  |
| What **assistive technology** has been explored or implemented? |  |
| What **inclusive practices and/or reasonable adjustments have already been put in place?** Please include information about tutorial and foundation skills support. |  |
| **How will the subsidised support you are requesting assist the student to achieve study completion and employment outcomes?** If requesting specialised support services, please provide detailed information about what the support person will do and how this will achieve completion and gain employment. |  |
| Please provide any other information to support your application. |  |

|  |
| --- |
| **Specialised support services\*** |
| **Support Type**(e.g. Disability Support Worker, Disability Coach, Auslan Interpreter) |   |   |   |
| **Support Hours**(Specify total hours for each support type to assist student complete course) |  |  |  |
| **Hourly support rate**(Specify hourly rate for each support type) |  |  |  |
| **Associated costs**(Specify any additional support costs) |  |  |  |
| **TOTAL** |  |  |  |

\*maximum funding applicable of $10,000 (GST Excl) per qualification. Please provide all relevant associated costings and total hours of support per support type to enable completion of qualification. **Note if GST is applicable to costings provided.**

### **Specialised technology loan (if applicable)**

Please provide details about the specific technology requested, including any accessories or applications (apps).

**Type text here**

Full physical address to send technology: **Type text here**

Full postal address: **Type text here**

Name of contact person at this address: **Type text here**

Contact person email: **Type text here**

Contact person phone: **Type text here**

Does the student require training in the use of the technology? Y/N – if answering Yes to this question, please note that training will need to be funded through any approved subsidised assistance.

### Professional educational support needs assessments

### (if applicable)

Cost quoted: **Type text here**

It should be noted that SDS will provide subsidised assistance to a maximum of **$1,000 (**GST Excl**)** to undertake a Professional educational support needs assessment. Any subsidised funding provided to obtain an assessment will be considered in terms of future subsidised funding requests.

**Practitioner details** (for record-keeping purposes only):

Name of assessing organisation: **Type text here**

Contact person: **Type text here**

### Telephone or email:  **Type text here**