

STUDENT SUPPORT REQUEST FORM

St. Albans Institute Pty Ltd. T/A Hawk Institute

Student Personal Details			
Full name:		Student ID	
Course Code & Name:			
Email:		Phone no:	
Address:			
Date of Birth		Preferred Contact Method	☐ Email ☐ Phone
Type of Student support services you are looking for:			
☐ Academic Support ☐ Language, Literacy, Numeracy and Digital (LLND) Support ☐ Disability Support ☐ Safety and Health ☐ Counselling ☐ Emergency and health services ☐ Facilities and resources ☐ Feedback, Complaints and Appeal ☐ Legal services ☐ Others; Please specify Note: Student Support officer will contact the student to make an appointment within five working days of receipt of the request form.			
Please describe your request, including what support measures would help you meet your study requirements or personal needs: <i>(Please include any deadlines, accessibility requirements, or adjustments you need to participate fully in your course)</i>			
Student Signature: _____ Date: _____			

STUDENT DECLARATION

- I declare that the information provided is true, correct, and complete to the best of my knowledge.
- I understand that HAWK staff may contact me to discuss my request and to arrange appropriate support measures.
- I understand that HAWK will assess my request and may provide alternative support if my exact request is not feasible.
- I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and HAWK's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National code 2018.

Student Signature: _____ Date: _____ / _____ / _____

OFFICE USE ONLY:

Particulars	Name	Signature	Date
Request received by:			
Reviewed/Assessed by:			
Decision:	Tick one: ☐ Approved ☐ Rejected		
Decision by:			
Outcome/Actions Taken: (Attach sheet if required)			
☐ <i>Student contacted and support confirmed on:</i> _____ / _____ / _____			
Student Support Officer Signature: _____ Date: _____ / _____ / _____			