

Did your college / school / university warn you under what circumstances your enrolment could be terminated / excluded?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you informed of support services available to assist you? If Yes, how and when were you informed of the available support services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you contact any of your college / school / university support services for advice or assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did your college / school / university refuse to process your appeal because it was not received in time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us about your complaint	
What do you think your college / school / university has done wrong and when did it happen? (Use additional paper if you need to)	
Signature: Date: __ / __ / ____	

Other information about you
 By filling in this information, you will be helping us ensure our services are available to all of the Western Australian community. The personal information you provide is confidential to our office. Any information we release will only identify groups to analyse access by different members within the community. The analysis will not provide any information about individuals. While we would appreciate your responses, you are not required to fill in this part of the form.

What is your date of birth? __ / __ / ____	What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	In which country were you born? <input type="checkbox"/> Australia <input type="checkbox"/> Other, please specify:
--	--	--

Are you of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander

What is the primary language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Indigenous Australian <input type="checkbox"/> Other, please specify:	What is the highest level of formal education you have completed? <input type="checkbox"/> Primary School <input type="checkbox"/> Technical/trade certificate or diploma <input type="checkbox"/> Secondary school <input type="checkbox"/> University qualification
--	--

Do you have an ongoing disability?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate what your disability involves below:	
<input type="checkbox"/> Sight	<input type="checkbox"/> Learning
<input type="checkbox"/> Speech	<input type="checkbox"/> Use of hands/arms
<input type="checkbox"/> Hearing	<input type="checkbox"/> Use of feet/legs
	<input type="checkbox"/> Long term medical, physical or mental condition
	<input type="checkbox"/> Other, please specify: