



National Provider No: 45067

Special Needs Form

Special Need Identified

Assistance offered by Australian College of Business Skills

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I understand that, while acceptance of the assistance documented above will support me in my studies, it does not in any way assure me of successful completion of the course.

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Applicant's signature

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Date

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Interviewer's signature.....

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Date

Authorisation by Training Manager or their representative

I hereby authorise

I agree to arrange the assistance required.

Name

Signature

Position

Date