# Student Support and Counselling Services Request

Fill out this form and return to your flight instructor or the student support officer ([operations@aiacollege.com](mailto:operations@aiacollege.com)) if you are in need of any extra support. Details will be kept confidential unless you require help from a third-party organisation. In most instances, support will be offered to you free of charge, unless you wish to seek your own specific support, or you wish to engage the services of your solicitor. AIAC will not cover these costs.

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| **Personal Details** | | | | | | | | |
| Full name (*First/last*): | | | Click or tap here to enter text. | | | D.O.B *(dd/mm/yy):* | | enter a date. |
| Address: | | | Click or tap here to enter text. | | | | | |
| Phone: | | | enter text. | | Email: | Click or tap here to enter text. | | |
| International Student | | | | Domestic Student | Today’s Date *(dd/mm/yy):* | | enter a date. | |
| USI: | Click or tap here to enter text. | | | | AIAC Student Number: | | enter text. | |
| Course enrolled | | AVI50222  AVI50519  Other: | | | | | | |

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| Student to complete these columns | | | | AIAC Staff to complete these columns | |
| Description - enter details of issue/s. (e.g. learning, reading, medical, stress etc.) | Intensity of need | | | Possible referral agency or AIAC staff member to provide support. | Notes (time frame, desired outcomes, other details). |
| High | Med | Low |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Student Declaration.** | | |
| I understand that AIAC may need to disclose my information to third parties in order provide the most appropriate solution.  The information provided is true and accurate. | Signed: | Click or tap to enter a date.  Date: (dd/mm/yyyy) |

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| Office Use Only | | | |
| Outside referral required?  Yes  No | | If ‘yes’, referred to: Click or tap | |
| If ‘no’, staff member assisting student: | Name: Click or tap | | Position: Click or tap |
| CRICOS students - DIBP Notified through PRISMS?  Yes (Date: Click or tap)  No | | | |
| Staff name: Click or tap | Signed: | | Click or tap to enter a date.  Date: (dd/mm/yyyy) |
| Position: Click or tap |
| This form must be kept and stored in the students file in accordance with AIAC record management policy. | | | |