

**① Purpose**

To be completed by UniSA research degree students who have a disability, or long-term medical condition, and wish to apply for financial support to help fund mobility, special equipment at home or other types of assistance specific to their disability during the conduct of the research. Refer to the <https://www.unisa.edu.au/research/Research-degrees/Scholarships/For-Current-Research-Degree-Students/ability-grants/> website for value and conditions.

Your [Access Plan](#) must be attached with your application form.

**PART 1: STUDENT DETAILS**

## Personal Details

Student ID	
First Name	
Family Name	
Principal Supervisor	

**PART 2: SUPPORTING INFORMATION****Do you have a UniSA Access Plan?**

- Yes** – a copy of the Access Plan must be attached with this application form
- No** – please contact the Disability Advisor (Learning and Teaching Unit) to arrange a plan as this is a requirement for the Ability Grant application to be considered. <http://www.unisa.edu.au/Disability/Contact-us/>

**Supporting Statement** – Please provide a short statement to support your application. You will need to include details of your research program, how your disability or medical condition impacts on your ability to carry out the research and how the grant will be specifically used to assist you in your research.

## Equipment and Costs

Please complete the template below. Be sure to provide as much detail as possible to support your application. You may attach any other relevant documentation to your application (e.g. quotes or additional statements)

<b>Mobility/Equipment/Other type of assistance specific to disability or medical condition</b>	<b>Additional Information</b> (How the equipment specifically supports your research and your Access Plan)	<b>Associated/Quoted Costs</b>
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$

## PART 3: STUDENT AUTHORISATION

I declare that the information provided by me is complete, true and correct in every detail. I am aware that providing false information is a serious offence and may result in me having to repay monies received to which I was not entitled. I understand that the University takes no responsibility for my financial affairs and that it is my responsibility to ensure that this scholarship does not affect other financial or other assistance to which I may be eligible.

**Student Name**

**Student Signature**

(or email authorisation from student email account)