

Request for Alternative Format and Equipment from the Statewide Vision Resource Centre

(Requests can be made for eligible students only)

Please Complete ALL INFORMATION

Student Name:	Year Level:
School Name:	Region:
Visiting Teacher:	
VT Mobile Number:	Date Requested:
VT Email:	Date Required:

Title:	
Author:	
Reading Scheme or Book Series:	VELS Level:
Publisher:	
Publishing City:	ISBN:
Publishing Date:	Edition:
Would an earlier or variant edition suffice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Original book supplied Yes <input type="checkbox"/> No <input type="checkbox"/>	Photocopy supplied Yes <input type="checkbox"/> No <input type="checkbox"/>
Student owns original text Yes <input type="checkbox"/> No <input type="checkbox"/>	Book can be dismantled Yes <input type="checkbox"/> No <input type="checkbox"/>

Format Required

Etext: PDF Word iPad/ePub txt

Equipment used by student: _____

Tactile Diagrams only _____

Braille (with Tactile Diagrams)

Information: Contracted Uncontracted

single sided double sided single spaced double spaced

Note: If diagram descriptions are required, these will need to be supplied.

For maths textbooks, please supply contact details of maths teacher.

Audio: MP3 DAISY

Large Print: N14 N16 N18 other _____

Paper size: A4 A3

National Partnership Equipment for Government Schools only:

Name of Equipment:	
Name of Principal:	Name of Parent:
Email:	Email:

Chapter Priorities for Text Books – Indicate chapter/section/page numbers

Note: Please ensure that all required diagrams are listed or indicated on the original text
Failure to complete this table may affect the completion date!

Chapter/Section/Page #	Date Required

Additional Information:**Instructions for Delivery:**

- Please hold at SVRC for collection
- Please post to VT/school/student at this address: _____

- Please email to VT/school/student at this address: _____

(Office use)

Comments:	VELS Reading Level:	
	Subjects:	
	Age level:	
Transcriber:	Number of print pages:	
Student number:	Dewey number:	
Date completed:	Copy number:	Shelf/Mailed/Emailed
BC:	Brl Pgs:	Time:
Stereo: A4 <input type="checkbox"/> B4 <input type="checkbox"/>		Cover:

This request is made under Section 135ZP of the Copyright Act 1968 by the Statewide Vision Resource Centre.