**Request for Materials in Alternative Format from the**

**Statewide Vision Resource Centre**

**(Eligible students only)**

**Please complete as much information as possible**

|  |  |
| --- | --- |
| Student Name:  | Year Level:  |
| School Name:  | Date requested (dd/mm/yy):  |
| VT / School contact:  | Date Required (dd/mm/yy):  |

|  |
| --- |
| Title:  |
| Author:  | Series:  |
| Publisher:  | ISBN:  |
| Publishing Date:  | Edition:  |
| Book is class readingYes [ ]  | Book is leisure readingYes [ ]  |

**Format Requested (add notes overleaf if more space is required)**

|  |
| --- |
| [ ]  **Braille (including tactile diagrams within braille book)** |
| [ ]  contracted | [ ]  single-sided | [ ]  single-spaced |  |
| [ ]  uncontracted  | [ ]  double-sided | [ ]  double-spaced |  |
| [ ]  **Etext** |  |  |  |
| [ ]  docx + headings | [ ]  (Word) docx | [ ]  PDF | [ ]  ePub/iPad |
| [ ]  **Companion booklet of tactile diagrams to accompany etext above** (PTO: list diagrams) |
| [ ]  **3D print** |  | [ ]  **Audio** |  |
| [ ]  **Large Print** |  |  |  |
| [ ]  N16 | [ ]  N18 | [ ]  Other (please note) |
| [ ]  A4 | [ ]  A3 | B4 is not available |

**Delivery Instructions**

|  |  |
| --- | --- |
| [ ]  Hold at SVRC for collection | [ ]  Please email VT when ready for collection |
| [ ]  Post to VT/school/student at this address:  |  |
| [ ]  Email to VT/school/student at this address:  |  |

(Office use)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transcriber**: |  | **Pages**: | Print | Braille |
| **Date completed**: |  | **Stereo**: | A4 | A3 |
| **Notes:** | **Volumes:** |
| **Delivery** | Shelf | Mail | Email | Dropbox | Other |

**Text Books: Please supply chapter order and dates required OR List of required diagrams**

|  |  |
| --- | --- |
| **Chapter/Section/Page number/List of diagrams** | **Date required** |
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| **Additional Information:**  |

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(Office use)