**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)