



Request to opt out of Consent Matters training

UTS recognises that the *Consent Matters* training contains information about sexual assault which may be distressing, particularly to those who have had an experience or connection with sexual assault.

WHO SHOULD USE THIS FORM?

As part of our commitment to ensure all students and staff at UTS understand matters relating to consent, members of our community will only be able to opt out of the module if their circumstances mean that participating in the module will cause them distress.

If you feel unable to complete this module, please complete the attached form and email it to equity@uts.edu.au from your UTS email.

WHAT EVIDENCE DO I NEED TO PROVIDE?

UTS does not require you to provide specific sensitive or health information to support your exemption request. However, we do require verification confirming it is not in your best interests to undertake the module. This verification may be supplied by one of the following on the second page of this form:

- A registered medical practitioner with a Medicare provider number;
- A registered psychologist; or
- A counsellor.

PRIVACY NOTICE

Information about you is collected when you request to be exempt from Consent Matters training. This includes the information on this form or provided by you when communicating with UTS about your exemption request. Completing this form will imply that the training will cause you distress. However, UTS is not requesting specific sensitive or health information about you to support your exemption. Any such information provided by you is done so voluntarily, with your express consent and understanding that it has not been requested by UTS.

UTS requires that you complete this form and obtain the requested professional authority to allow the university to make a decision on whether to support your exemption.

Exemptions are managed by the Office of the Provost, in conjunction with the Equity and Diversity Unit. Information relating to your exemption request will not be shared with other areas of UTS unless it is relevant to the decision-making process. Where an exemption is supported, only the fact you are exempt from completing the training will be recorded as part of your student record so that your results will not be withheld.

UTS will confirm the authenticity of the verification provided on this form with the professional who provided it. Information will not be disclosed further to this unless required or permitted by law.

You can request access to or correct the information held about you in relation to your request for exemption at any time. You may also withdraw your request for exemption or request the information relating to this request no longer be processed. If you limit processing of your request or withdraw your request, an exemption cannot be provided. To make any of these requests, email equity@uts.edu.au from your UTS email.

Records relating to your request for exemption, whether supported or declined, will be held by the university in line with its retention obligations under the NSW State Records Act.

DECLARATION

I attest to the accuracy and truthfulness of the information provided on this form. I acknowledge the privacy notice provided and understand that in requesting an exemption, UTS will contact the professional below to confirm authenticity of their verification.

Full name:

Student number:

Staff number (if relevant):

UTS email:

Signature:

Date:

This Professional Authority Certificate is to be completed by a registered medical practitioner, psychologist or counsellor.

As part of our commitment to ensure all students and staff at UTS understand matters relating to sexual assault, students will only be able to opt out of the module if their circumstances mean that participating will cause them distress, for example in a situation where a student has experienced or had a connection with an experience of sexual assault.

We only require your verification based on your professional opinion as to whether completing the Consent Matters training would NOT be in the best interests of the individual identified below. We request you do NOT provide specific sensitive or health information to UTS when you completing this form. **Your help in verifying the potential impact in this case is appreciated.**

Student/staff name:

Date(s) of Consultation:

I verify that completing the Consent Matters training module is NOT in the best interests for the above-mentioned individual.

PROFESSIONAL PRACTITIONER DETAILS

Name:

Professional Title:

Phone no:

Address:

Practitioner Registration Number Medicare Provider Number (if applicable):

I authorise the University of Technology Sydney to contact me or my office to confirm authenticity of this verification.

Signature:

Date:

Stamp:

