Request to opt out of Respect Matters training

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

UTS requires that you compete this form and obtain the requested professional authority to allow the university to make a decision on whether to support your exemption, and to apply any supported exemption request.

WHO SHOULD USE THIS FORM?

As part of our commitment to ensure all students and staff at UTS understand matters relating to respect, consent, and how to be an ethical and active bystander, 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 respect.matters@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;
- A counsellor; or,
- A UTS Safety Caseworker

PRIVACY NOTICE

Information provided by you will be handled in accordance with the Student Privacy Notice. In addition to that Notice, 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.

If you wish to access, amend or withdraw your request, contact respect.matters@uts.edu.au

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:

As part of our commitment to ensure all students and staff at UTS understand matters relating to sexual assault, staff and 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 person 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 Respect Matters training would NOT be in the best interests of the individual identified below. We request that you do NOT provide specific sensitive or health information to UTS when you complete 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 Respect Matters training module is NOT in the best interest of 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