AZERBAIJAN TECHNICAL UNIVERSITY

Statute of the Disability Support Center

Institutional Mandate

The Disability Support Center coordinates reasonable accommodations and accessible participation for students and staff with disabilities, in line with the Disability Accommodation Policy and relevant university rules.

Support is based on individual functional needs and an appropriate confidential assessment, rather than a one-size-fits-all approach.

1 General Provisions

1.1. This Statute defines the mandate, functions, governance, operational procedures, accountability and reporting arrangements of the Center within Azerbaijan Technical University (AzTU).

1.2. The Center operates under the oversight of the Rectorate and in coordination with the Social Development Center, Academic Affairs, Student Affairs, Human Resources and other competent units.

1.3. The Center is guided by AzTU's Equality, Diversity and Inclusion Policy, Non-Discrimination and Harassment Policy, relevant university regulations and applicable Azerbaijani law. Where provisions conflict, binding law and duly approved university rules prevail.

1.4. This document becomes effective only following approval by the authorised university body.

2 Governance and Responsibilities

2.1. The Rectorate exercises institutional oversight. A designated head/coordinator manages day-to-day operations, assigns cases and maintains approved records.

2.2. The Center cooperates with the Social Development Center and provides aggregated, anonymised updates to the Diversity and Inclusion Council for semester review.

2.3. Academic departments and administrative units remain responsible for implementing measures within their remit; the Center coordinates, advises and monitors rather than replacing those decision-makers.

2.4. Staff and participating mentors receive induction on confidentiality, respectful communication, referral boundaries and conflict-of-interest management.

Core Functions

- Coordinate individual support consultations and Individual Accommodation Plans (IAPs) where applicable.
- Advise academic departments on accessible learning materials, alternative formats, assessment adjustments and appropriate one-to-one support.
- Refer students to psychological counselling, career guidance, peer mentoring and other relevant services.
- Identify physical and digital accessibility barriers and monitor corrective actions with responsible facilities and IT units.
- Promote inclusive-teaching training and awareness among academic and administrative staff.

Individual Accommodation Plan Procedure

- **Request:** the student contacts the Center or is referred with consent; the Center explains confidentiality and required information.
- **Assessment:** an authorised coordinator discusses functional barriers and suitable adjustments, consulting academic units as necessary while limiting disclosure of sensitive information.
- **Plan:** an IAP identifies agreed adjustments, responsible implementing units, review dates and an accessible communication channel.
- **Implementation:** the Center transmits only the information necessary for delivery to the relevant unit and records acknowledgement and completion.
- **Review:** the student can request reassessment when circumstances or course requirements change; unresolved implementation issues are escalated through the approved university procedure.

Accessibility and Service Monitoring

- Maintain an accommodation request and IAP register with approval, implementation and review dates.
- Track accessibility audits by building, identified barriers, responsible unit, corrective-action status and closure evidence.
- Track counselling and peer-mentoring participation without disclosing individual health information in public reports.
- Report verified metrics such as individuals served, IAPs implemented, request fulfilment time and barriers resolved, clearly specifying academic-year versus calendar-year scope.

3 Access and Consultation Procedure

3.1. Eligible students, prospective students and staff may contact the Center directly or through a referral from a university unit. Access channels may include an office visit, university email, online request and scheduled appointment, subject to approved arrangements.

3.2. An intake record documents the request date, preferred contact method, requested assistance and consent for any information sharing. Only information necessary to deliver the service is collected.

3.3. A designated staff member conducts a private needs assessment, explains available options and agrees an action plan with the person concerned. Urgent safety or safeguarding issues are referred immediately to the competent university service.

3.4. Where specialist action is required, the Center makes a documented referral to the relevant university unit or authorised external service, with consent or another lawful basis.

3.5. The Center tracks actions, checks whether assistance was delivered, invites feedback and closes the case with a dated summary. Service timeframes are set by an approved operational procedure and monitored; this Statute does not assert unverified existing deadlines.

4 Rights Confidentiality and Complaints

4.1. Services are delivered impartially, without discrimination, victimisation or retaliation. Participation is voluntary except where mandatory legal or safety requirements apply.

4.2. Personal information is accessed only by authorised personnel, stored in restricted systems and retained under university records rules and applicable data-protection requirements. Public reports use aggregated, non-identifying information.

4.3. Users may request clarification, provide feedback or submit a complaint through established university channels. A complaint involving Center personnel must be routed to an independent competent unit.

4.4. Appeals against formal academic, employment or disciplinary decisions follow the university's established procedures; the Center may assist with navigation but does not replace the authorised appeal body.

5 Monitoring Evaluation and Reporting

5.1. The Center maintains a de-duplicated service register, dated consultation log, referral follow-up log, outreach attendance records and anonymised feedback summaries.

5.2. Semester reviews examine service reach, response timeliness, completed actions, unresolved barriers, user feedback and corrective measures.

5.3. An annual report identifies the reporting period, data definitions, evidence owners and verification status. University-wide demographic totals must not be labelled as Center beneficiaries.

5.4. The Center proposes an annual improvement plan to the competent university leadership and records follow-up on approved recommendations.

6 Resources and Cooperation

6.1. Activities are undertaken within staffing, premises and resources approved through the university budget and administrative procedures. This Statute does not establish an independent legal personality or automatic spending authority.

6.2. Cooperation with student organisations, departments and external partners requires appropriate authorisation, safeguarding and information-sharing controls.

7 Entry into Force and Revision

7.1. This Statute takes effect on the date of approval by the authorised university body.

7.2. Amendments are proposed through the Rectorate and adopted under the applicable university approval procedure.

7.3. The Center reviews this Statute periodically and following material changes to law, university policy or service delivery.

Annex A. Minimum Operational Records

- Confidential intake and consultation register; consent and referral records.
- Action plan / accommodation record, responsible unit and follow-up dates.
- Outreach or training event agenda and attendance evidence.
- Anonymised feedback and complaint-routing record.
- Semester monitoring summary and annual performance report.

Source and Approval Note

Prepared with reference to AzTU Annual Report 2025: Diversity, Inclusion & Accessibility (December 2025), the previously prepared 2025-2026 Center activity reports, and the AzTU Sustainability Centers page (https://aztu.edu.az/sdg/centers/). Operational steps in this draft require institutional confirmation before being described as formally adopted procedures.