

**CONFIDENTIAL**

**Disability Service**

**DISABILITY/HEALTH CONDITION SUPPORTING DOCUMENTATION FORM**

A student seeking support for a health condition or disability must be able to provide appropriate documentation. This documentation, in addition to a consultation with a Disability Advisor, assists in understanding the impact of the student’s health condition or disability on academic performance, and in determining what facilities, services and educational adjustments may be appropriate. It will be stored confidentially within the unit, and not released except where required by law.

***Please note:* Diagnosis of a learning disability must be accompanied by a psychological educational/psychometric assessment conducted by an appropriate professional.**

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| **Student Authority for Provision of Information**  **THIS SECTION TO BE COMPLETED BY THE STUDENT ONLY**  I, (*print your full name*) …..………………………………………………………………………………… Student ID: ……………………….  give permission for the Health/Mental Health Practitioner to provide the information below and any attachments.  Student Signature: …………………………………………………….…………………………………….. Date: ………………………………… |

**REMAINDER OF THIS FORM TO BE COMPLETED BY PRACTITIONER ONLY**

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| **Medical or Mental Health Professional’s Details  (see final page for appropriate professional)** | |
| **Student name:** | |
| **Duration of practitioner’s (or practice’s) clinical history with student: …… years ……months** | |
| **Practitioner Name:** | |
| **Qualifications/Title:** | |
| **AHPRA Provider Number:** | **Phone Number:** |
| **Address/Practitioners Stamp:** | **Practitioner’s Signature:**  **Date: / /** |
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| **Professional Documentation – to be completed by the treating practitioner in discussion with the patient/student.** | |
| **Clinical Diagnosis or Symptoms 1** (based on relevant diagnostic criteria)**:**  **Ongoing, continuous** **Ongoing, episodic**  **Temporary until** …………………………… | |
| **Clinical Diagnosis or Symptoms 2** (based on relevant diagnostic criteria)**:**  **Ongoing, continuous** **Ongoing, episodic**  **Temporary until** …………………………… | |
| **Educational impact of condition(s)** This information will be used by the Disability Advisor, in consultation with the student, to determine the reasonable adjustments required while considering the inherent requirements of the course.  Please indicate how the student’s condition(s), associated symptoms, including the impact of any medications or treatments impact on any of the following aspects of university study: | |
| **Coursework and assignment completion: (where deemed reasonable adjustment, the EIP can be used to request extensions of 1-2 weeks)** | |
| **Lecture, tutorial, and workshop participation (including vision, hearing, scheduling and attendance):** | |
| **Examinations:** | |
| **Clinical/professional/community placement:** | |
| **Physical access and campus mobility:** | |

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| Condition | Appropriate medical professional |
| Medical (e.g. chronic fatigue syndrome, autoimmune disorders, diabetes) | * GP (with a clinical history with the patient) * Relevant specialist |
| Physical Impairment (e.g. spinal cord injury, amputation, paraplegia) | * Relevant specialist * GP (with a clinical history with the patient) |
| Hearing | * Registered Audiologist |
| Neurological (e.g. multiple sclerosis, Spina bifida, cerebral palsy, acquired brain injury) | * Relevant specialist * GP (with a clinical history with the patient) |
| Mental health condition (e.g. depression, anxiety, bipolar disorder, post-traumatic stress disorder) | * Psychiatrist * Registered Psychologist * GP (with a clinical history with the patient) |
| Vision | * Ophthalmologist * Specialist vision testing service (e.g. Vision Australia) |
| Temporary condition or injury (e.g. fractured limbs affecting mobility or capacity to write/type) | * Relevant specialist * GP (with a clinical history with the patient) |
| Learning disorders (e.g. dyslexia, information processing, dyscalculia, dysgraphia) | * Relevant specialist  (see documentation guidelines for additional documentation requirements) |
| Autism spectrum disorder | * Psychiatrist * Registered Psychologist |
| Attention deficit (hyperactivity) disorder (ADHD/ADD) | * Psychiatrist * Registered Psychologist |