



Supporting Documentation Form for provision of disability services at Deakin University

Students who wish to have access to disability services at Deakin University should register with the Disability Resource Centre. Services cannot be provided to a student who has not returned a registration form accompanied by supporting documentation.

The Disability Resource Centre requires information regarding the functional implications of your disability or medical condition relevant to your academic access. Information must be provided by an appropriate health professional and may be recorded on this form or in a letter or report.

The letter or report should include:

- **information on your condition**
- **how your study may be affected**
- **whether your condition is permanent, temporary or ongoing**

Student Authority for Provision of Information (to be completed by student)

Student Name: Deakin ID Number:

I hereby authorise the practitioner or health care provider to provide the information below and in any attachments, and I authorise Deakin University to seek further information from the practitioner or provider if necessary.

Student Signature :

Date:

To be completed by Practitioner/Health Care Provider

Practitioner/Provider Name :

Provider Stamp

Address:

Is the student the sole care giver to a person with a disability? Yes No

Name of disability or medical condition:

Indicate which category the disability/condition best fits into:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Medical | <input type="checkbox"/> Mental Health <input type="checkbox"/> Other |

Indicate which description applies:

The disability/condition is Permanent Temporary Ongoing

The disability/condition is Fluctuating Constant Improving
 Degenerating Progressive

How does the disability or condition impact on the student's study? *eg Inability to sit for long periods, fatigue, loss of concentration.* Further information may be attached.

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Other comments or suggestions which may assist with determining support *eg. restbreaks during exams, extra writing time.*

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Date: **Provider Signature**

Thank you for taking the time to provide this information.

Form revised April 2005