

Disability Resource Centre (DRC)

Supporting Documentation Form

For provision of disability services at Deakin University

Email: drcentre@deakin.edu.au Phone: (03) 9244 6255



Students who wish to have access to disability services at Deakin University should register with the Disability Resource Centre (DRC). The DRC requires information about how your disability or medical condition will affect your study. Information must be provided by a suitably qualified health professional in the field relating to your disability or health condition*. This may be recorded on this form, in a letter or a report.

The letter or report should include:

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

To be completed by student: Student Authority for Provision of Information

Student ID: _____

Given name: _____

Surname: _____

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.

Signature: _____

Date: ____ / ____ / ____

To be completed by practitioner/health care provider*

Please note this form is double-sided and requires both sides to be completed to assist the identification of appropriate adjustments.

Practitioner/Provider Name: _____

Provider address: _____

Name of disability/medical condition: _____

Indicate which category the disability/condition best fits into:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Learning | <input type="checkbox"/> Carer of person with disability |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |

Indicate which descriptions apply:

- | | | | |
|------------------------------|--------------------------------------|-----------------------------------|---|
| The disability/condition is: | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| The disability/condition is: | <input type="checkbox"/> Permanent | <input type="checkbox"/> Ongoing | <input type="checkbox"/> Temporary < 6 months |
| The disability/condition is: | <input type="checkbox"/> Fluctuating | <input type="checkbox"/> Constant | <input type="checkbox"/> Unpredictable |

Impact on study / recommendations

How does the disability or condition impact on the student's study? *e.g. Inability to sit for extended periods, fatigue, loss of concentration, memory lapses, attendance requirements.* Further information may be attached.

Other comments or suggestions which may assist with determining support *e.g. rest breaks during exams, extra writing time, reduced study load*

Provider Signature: _____

Date: ____ / ____ / ____

Provider Stamp:

Thank you for taking the time to provide this information.