## Supporting Documentation Form Title: Deakin University Worldly Logo

## 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:

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

***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**

**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 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:

Hearing Vision Mobility

Learning Medical Mental Health

Other

Indicate which descriptions apply:

The disability/condition is Mild Moderate Severe

The disability/condition is Permanent Ongoing Temporary < 6 months

The disability/condition is Fluctuating Constant Unpredictable

**Impact on study / recommendations**

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

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

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

……………………………………………………………………………………………………...……………………………………………………………………………………………………………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

………………………………………………………………………………………………….………

…………………………………………………………………………………………………….……

**Date**  / / **Provider Signature**…………………….............

**Thank you for taking the time to provide this information.**

**Form revised Jan 2014**