**CONFIDENTIAL**

**Access and Disability Service**

**SUPPORTING DOCUMENTATION FORM** - **CARERS**

A carer is someone who provides significant care for an individual who has an ongoing health condition, disability or is elderly, as defined by the [Carer Recognition Act 2010](https://www.legislation.gov.au/Details/C2010A00123).

A student seeking support from the Access and Disability Service as a carer, must provide documentation from a health professional **treating the individual receiving care**. This documentation, and consultation with an Access and Disability Advisor, will assist in determining the educational adjustments that may be appropriate. It will be stored confidentially within the service, and not released except where required by law.

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

**Please see page 4 for a list of relevant medical/health professionals based on the diagnosis.**

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| **REMAINDER OF THIS FORM TO BE COMPLETED BY PROFESSIONAL ONLY**  **Medical or Health professional’s details** | |
| **Student Name: ……………………………………………………….**  **Student’s relationship to individual requiring care: ….................................................................**  **Date of birth of individual requiring care: ..................................................................................**  **Diagnosis of individual requiring care: .......................................................................................**  **How long has this individual been under your care for this condition? …....................................**   |  |  | | --- | --- | | **Is the condition:**  ☐ Permanent | ☐ Temporary until: ………………………………... |   ☐ Mild ☐ Moderate ☐ Severe | |
| **Practitioner Name:** | |
| **Qualifications/Title:** | |
| **AHPRA Provider Number:** | **Phone Number:** |
| **Address/Practitioner’s Stamp:** | **Practitioner’s Signature:**  **Date:** |
| **Details of student's carer responsibilities**:  What are the caring requirements, daily/weekly time commitments to caring? | |
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| **Educational impacts and reasonable adjustments:** What are the possible impacts of the caring responsibilities in the learning environment? | |
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| **Reasonable adjustments:** Please tick the reasonable adjustments for consideration.  Assessment Extensions ☐  Attendance / Scheduling ☐  Clinical Practice/Professional Experience Placements  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Documentation requirements based on diagnosis:** |

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| **Condition:** | **Approved diagnosing medical/health 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 * Relevant specialist * 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](https://www.studentportal.acu.edu.au/-/media/student-portal/files/files-pdf-word-docs-ppt/2023-04-19-access-and-disability-supporting-documentation-guidelines.docx?la=en&hash=5F9736FF4257B4A3FE226E2BE32BE628) for additional documentation requirements) |
| **Autism spectrum disorder** | * Psychiatrist * Registered Psychologist * Relevant specialist * GP (who has received medical documentation and can confirm diagnosis) |
| **Attention deficit hyperactivity disorder (ADHD)** | * Psychiatrist * Registered Psychologist * Relevant specialist * GP (who has received medical documentation and can confirm diagnosis) |