

Health Professional Report for Educational Adjustments

Please email your completed report to: els@unswcollege.edu.au

UNSW College is committed to ensuring that all students are able to participate in all aspects of College and University life. The information provided below will assist the Equitable Learning Service team to develop educational adjustments to support your studies. Use the form to provide Equitable Learning Services with information about your disability, long term illness and or mental health condition.

If you are providing a letter from your practitioner / health care provider instead of this form, it must be current and include:

- Information on the condition
- nature of the condition – permanent /temporary
- how your study may be impacted
- providers letterhead and / or provider stamp

Section A: Completed by Student

Family name:

Given name:

Student ID number:

I hereby give authority for the health professional named below to release information to the Equitable Learning Service relating to my health condition for the purposes of educational adjustments for study.

Signature:

Date:

Section B: Completed by Health Practitioner/ Heath Care Provider

Practitioner / Provider Name:

Provider Stamp

Contact Details:

Diagnosis:

Nature of condition:

Permanent ☐

Temporary ☐

Expected Duration:

Condition description:

Fluctuating ☐

Stable / Unchanging ☐

Degenerative ☐

Impact of Condition:

Please provide information on how the student's disability, long term illness and / or mental health condition impact upon their study requirements. Please consider the following (as relevant to the student's condition): fatigue, concentration, memory, mobility, sitting / standing tolerance, impact of medication, attendance, sensory needs; participation in activities such as presentations, lab work and work-based learning environments.

Optional – To be completed for students who are primary carers only.

A primary carer provides the *majority* of the ongoing informal assistance to a person with a disability who has a limitation in one of the core activity areas of self-care, communication or mobility.

This student is a primary carer. ☐

Please provide information on the impact of the student's carer responsibilities on University participation:

Any other comments?

Signature of Health Professional / Practitioner:

Date: