



DISABILITY DOCUMENTATION FORM

The Disability Support Service requires students to provide documentation of a disability from a relevant professional before they are eligible to receive support. In order to attain relevant disability-specific information, this form will need to be filled out by a Qualified Health Professional (please see "Eligibility Guidelines" for more information). The information provided will remain confidential and will be used by the Disability Support Services at Swinburne University of Technology to negotiate appropriate academic support for students.

STUDENT DETAILS

FULL NAME

STUDENT ID NUMBER

COURSE

QUALIFIED HEALTH PROFESSIONAL

FULL NAME

POSITION

DATE OF REPORT

This report must be accompanied by the Qualified Health Professional's stamp or business card:

DISABILITY INFORMATION (TO BE COMPLETED BY QUALIFIED HEALTH PROFESSIONAL)

DISABILITY TYPE (PLEASE TICK)

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Other: | |

DIAGNOSIS

DURATION

- | | | |
|----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ongoing | <input type="checkbox"/> Temporary | <input type="checkbox"/> Fluctuating |
|----------------------------------|------------------------------------|--------------------------------------|

How does the disability/medical condition impact on the student's ability to study and participate? (e.g. fatigue, concentration, pain etc.)

What recommendations would you make for reasonable adjustments to enable equal participation? (e.g. Extra time, use of computer for examinations – please state amount, provision of notetaking, adaptive equipment etc.)

SIGNATURE

DATE

Please return completed form together with any other relevant information to:

Disability Support Services
Swinburne University (H22)
PO Box 218
Hawthorn VIC 3122

OFFICE USE ONLY

Date Received

Received by