

AccessAbility Services Health Practitioner Report



This form must be completed by a qualified health practitioner registered with the Australian Practitioners Regulatory Agency (AHPRA) or equivalent professional association. Please visit [AccessAbility Services Eligibility Guidelines](#) for more information.

Information provided will remain confidential and will be used by AccessAbility Services to create an Education Access Plan (EAP) with reasonable adjustments specific to the student's circumstances. Information is collected in accordance with [Swinburne's Privacy Statement](#).

All reasonable adjustments implemented need to comply with inherent requirements for coursework and Work Integrated Learning (WIL). If you have any questions or concerns, please contact [AccessAbility Services](#).

Part 1) Health Practitioner Details

Full Name: Click or tap here to enter text.

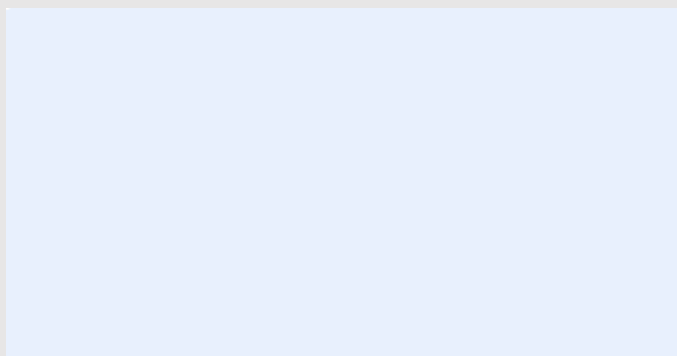
Occupation: Click or tap here to enter text.

Practice/Business Name: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Provider Number: Click or tap here to enter text.

Provider Stamp:



Part 2) Student Details

Preferred Name: Click or tap here to enter text.

Surname: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

Course: Click or tap here to enter text.

Part 3) Registration Information

Eligibility Criteria Category: *Please tick all which apply.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Learning | <input type="checkbox"/> Carer of a person with a |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Physical | disability/aged |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Neurodivergent e.g., |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Neurological | Autism, ADHD |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Speech/Communication | |

If not listed, please specify: Click or tap here to enter text.

Condition Information/Diagnosis if known:

Click or tap here to enter text.

Impact Duration:

- ☐ Permanent ☐ Ongoing/Episodic ☐ Temporary

If temporary, please provide an estimated duration: Click or tap to enter a date.

Part 4) Impact Statement

Please describe the impacts on the student's studies:

E.g. concentration, information processing, sensory, mobility, etc.

Click or tap here to enter text.

Part 5) Recommended Reasonable Adjustments

All reasonable adjustments must comply with the inherent requirements of the student's course including placement/Work Integrated Learning (WIL) industry requirements. Some courses may require additional documents such as Acceptance of Placement Forms (Swinburne Online), Fitness to Practice and/or About Me Statements.

Course-based adjustments

E.g., Extensions for assessment deadlines, use of assistive technology, ergonomic equipment.

Click or tap here to enter text.

Assessment-based adjustments (exams)

E.g., Additional writing time, breaks, ergonomic equipment, small group room.

Click or tap here to enter text.

Placement/work integrated learning (WIL) adjustments

E.g., Extensions on placement tasks, change in placement location and/or hours.

Click or tap here to enter text.

Research-based adjustments

E.g., Extensions on candidature, communication with supervisors.

Click or tap here to enter text.

Other recommendations (optional)

Click or tap here to enter text.

Part 6) Health Practitioner Declaration

I certify that the information provided in this form is true and accurate. I provide my consent for Swinburne AccessAbility Services staff to contact me to verify the information provided in this document if necessary.

Health Practitioner Signature: _____ Date: Click or tap to enter a date.