

NEWSTEP MEDICAL IMPACT STATEMENT



FOUNDATION STUDIES

The Medical Impact Statement must be completed if you are claiming *disability* or *chronic illness* eligibility criteria.

The Medical Impact Statement must be completed and signed by a registered health professional including a medical practitioner, psychologist, or specialist who is familiar with your circumstances, and who can provide information on the disability or chronic illness and its effect on your educational performance. The health professional **must not be related to you**.

The Medical Impact Statement and the Educational Impact Statement must not be completed by the **same person**.

Guidelines for the health professional completing the Medical Impact Statement

The health professional:

- must explain how the disability/chronic illness experienced by the applicant has affected their educational performance.
- must provide information for all sections including *Disability/chronic illness, Effect on studies, Impact and Contact details*.

1 APPLICANT'S DETAILS

First name: _____ Surname: _____

Date of Birth: ____ / ____ / 20 ____ Application Number: _____ Date of Online Application: ____ / ____ / 20 ____

2 DISABILITY/CHRONIC ILLNESS

I certify that the applicant is/was affected by a disability or chronic illness

How long has the applicant been affected by the disability/chronic illness?

Less than 6 months 6-11 months 1-2 years More than 2 years

How many times have you seen the applicant during the past two years about his/her disability/chronic illness?

3 EFFECT ON ABILITY TO STUDY

Describe the way in which the applicant's disability/chronic illness may have affected his/her ability to study.

4 IMPACT

How would you assess the likely impact of the circumstances on the applicant's educational performance during the relevant period?

Not at all Slightly Moderately Considerably A great deal

5 CONTACT DETAILS OF REGISTERED HEALTH PROFESSIONAL

First name: _____ Surname: _____

Position/Occupation: _____

Reg/Provider No: _____

Name of Organisation (if applicable): _____

Telephone 1: _____ Telephone 2: _____

Email: _____

Signature: _____ Date: ____ / ____ / 20 ____

Applicant to upload this form together with the Newstep Basis of Admissions Form and the Newstep Application Summary or return to:

Newstep Application
Foundation Studies
Ground Floor, GP Building
The University of Newcastle, University Drive
Callaghan NSW 2308

OFFICE USE ONLY

If you have any questions regarding your application, please contact Foundation Studies on:



(02) 4921 5558



(02) 4921 6901



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