

# 2021 MEDICAL PRACTITIONER REPORT



Student Living provides student accommodation at the University of Newcastle. We aim to provide a safe environment for all residents and endeavour to consider requests for reasonable adjustments for applicants who may require additional support.

Prospective residents requesting consideration and support on the basis of a disability or health condition are required to provide the University with relevant documentation from a medical practitioner to confirm the nature of their disability or health condition. The reasons for this requirement are:

- To confirm the existence of the disability or health condition
- To provide Student Living with guidance regarding the effects of the disability or health condition and to advise of any reasonable adjustments that may need to be undertaken to ensure an appropriate living environment
- To ensure that all residents are protected in accordance with The University of Newcastle policy and the Commonwealth Disability Discrimination Act (DDA) 1992.

The University of Newcastle is subject to the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002. The personal information provided will be used by the University in order to offer practical assistance to students related to a permanent or temporary disability or medical condition.

## APPLICANT'S CONSENT TO RELEASE INFORMATION

I, (*Applicant's name*) \_\_\_\_\_

hereby give my authority for (*Practitioner's Name*) \_\_\_\_\_

to release information relating to my disability and/or health condition(s) to Student Living and Student Equity and Support at the University of Newcastle. I also give permission for Student Living to contact my medical practitioner for clarification if required.

APPLICANT NAME: \_\_\_\_\_

**MEDICAL PRACTITIONER TO COMPLETE THIS SECTION**

Name of Practitioner: \_\_\_\_\_

Provider Number: \_\_\_\_\_

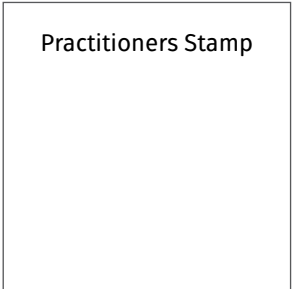
Practice Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OR**



How long have you been treating this applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

**DIAGNOSIS:**

Please indicate if the applicant's disability and/or health condition(s) are:

Permanent   OR    Short Term   |    Stable   OR    Fluctuating

If short term please provide an approximate timeframe: \_\_\_\_\_ Months

**LIKELY IMPACT ON APPLICANT LIVING WITHIN A RESIDENTIAL COMMUNITY**

Please comment on the functional impact of the applicant's disability and/or health condition(s):

i) Does the applicant have the capacity for independent living within a residential community?  Yes    No

ii) Does the applicant have the capacity to live within shared accommodation?  Yes    No

If yes, does the applicant have the capacity to live the following room types (*tick all that apply*):

Single bedroom unit    2 bedroom unit    5/6 bedroom unit    10 bedroom unit

iii) Does the applicant have the capacity to share any of these facilities (*tick all that apply*):

Bathroom    Kitchen

APPLICANT NAME: \_\_\_\_\_

iv) What adjustments, if any, are required for the applicant to live in residential accommodation?

- To bring my own specialised equipment (e.g. bed, commode)
- Accommodation for my carer
- Wheelchair accessible room
- Requirement for private bathroom facilities
- Room suitable for my assistance animal (*please include a copy of certification*)
- Modifications to the room (*please specify*): \_\_\_\_\_
- Other (*please specify*): \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please ensure any written information is clear and legible. Please attach any relevant supporting documents.  
For further information please feel free to contact Student Living Admissions via the details below.*