

DISABILITY SUPPORT

Student Equity and Support

Student Central

P (02) 4921 6622 | F (02) 4921 6900

E student-disability@newcastle.edu.au



HEALTH PRACTITIONER'S REPORT

Disability Support provides support and assistance to students with a disability or health condition, which aims to ensure that students do not experience disadvantage in reaching their academic potential.

Students requesting consideration and support on the basis of a disability or health condition are required to provide the University with relevant medical documentation from a suitably qualified health professional to verify the nature of their disability or health condition. The reasons for this requirement are:

- To **validate** the existence of the disability or health condition
- To **provide the University with guidance** regarding the effects of the disability or health condition and therefore advise of any adjustments or supports that would be appropriate in minimising its impact on study.
- To **ensure that all students registered with the Disability Support 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 and advice to students related to a permanent or temporary disability or medical condition.

STUDENT'S CONSENT TO RELEASE INFORMATION

Student Number: _____

I, _____ (*Students Name*) hereby give my authority
for _____ (*Practitioner's Name*) to release information relating to my
disability and/or health condition(s) to the Disability Support Service at the University of Newcastle.

I also give permission for the Student Support Advisor to contact my practitioner for clarification if required.

SIGNED: _____ DATE: _____

Student's Signature

The following sections are to be completed by a qualified health or allied health practitioner:

Name of Student: _____

Name of Practitioner: _____

Provider Number: _____

Profession: _____

Phone: _____

Email: _____

Practitioner's Stamp

Name: _____

NATURE OF DISABILITY AND/OR HEALTH CONDITION(S):

PLEASE INDICATE WHETHER THIS STUDENTS DISABILITY AND/OR HEALTH CONDITION(S) ARE:

Permanent

Fluctuating

Short Term

If short term please provide a time frame:

How long have you been treating this patient for the condition noted above? _____

LIKELY IMPACT ON STUDENT'S STUDIES AT UNIVERSITY

Please comment on the functional impact of the student's disability and/or health condition(s) in the following areas (if relevant):

i. Lecture, Tutorial, Workshop Engagement, Group Work: _____

ii. Coursework and Assignment Completion: _____

iv. Exams: _____

v. Placement: _____

vii. Access: _____

PLEASE INDICATE IF THERE ARE ANY SIDE EFFECTS TO CURRENT TREATMENT(S)/ MEDICATION(S) THAT ARE LIKELY TO IMPACT ON THE STUDENTS ABILITY TO STUDY:

Would you recommend the student study with a reduced study load (i.e. Part Time)? YES NO

NOTE: A full time study load is 40 Credit Points. 10 Credit Points = 10 hours of study per week

SIGNED: _____

DATE: _____

For further information please feel free to contact Disability Support by phoning (02) 4921 5766 or via email student-disability@newcastle.edu.au