

Health Practitioner Report

Victoria University is committed to providing services, study and assessment accommodations which aim to minimise the impact on learning for students with health conditions or a disability and to enable full and equal participation in university life.

In order to meet its obligations under the *Disability Discrimination Act 1992 (Cth)*, Accessibility Liaison Officers identify reasonable adjustments and services after receiving this report, completed by the student's Health Practitioner. A health practitioner includes Medical Practitioners (GPs), Clinical Psychologists, Psychiatrists, Occupational Therapists, Audiologists, Ophthalmologists and Educational Psychologists.

Note: Specific Learning Disabilities, such as Dyslexia, are permanent. Past diagnostic evidence such as an Assessment from an Educational Psychologist, assists Accessibility Liaison Officers to produce learning Access Plans and apply specialists' recommendations for learning success. Students should contact Accessibility Services for advice if formal assessment documents are not available.

Recommendations in this Health Practitioner Report are included in a learning Access Plan to inform academic and administrative staff about reasonable academic adjustments and accommodations to learning and assessment programs.

The purpose of documentation is to provide medical evidence to support academic accommodations. Confidentiality in accordance with Victoria University's Privacy Policy is assured and information about impacts on learning is shared only with the student's prior consent and only on a need to know basis.

Student Authority for the Provision of Information: (to be completed by the student)		
Student Name:	_VU Student ID:	
I hereby authorise the Health Practitioner to provide the information below or in any attachment, and I authorise Victoria University to seek further information from the practitioner if necessary.		
Student Signature:	_ Dated:	

Instructions to Treating Practitioner

Please complete the following report regarding the authorised student and return documentation to the student or directly to Accessibility Services at Victoria University.

Should you have any queries or concerns regarding this process please feel free to contact Accessibility Services at:

Email: <u>accessibility@vu.edu.au</u> Phone: (03) 9919 5400 Student Wellbeing PO BOX 14428 Melbourne Victoria 8001, Australia

Deaf/Hearing Impaired Callers: TTY 133677 (National Relay Services) and ask for (03) 9919 9561



To be completed by Health Practitioner

STUDENT DETAILS

Name of student	VU Student ID No			
Is the student the sole carer to a person with a disat	pility? □ Yes □ No			
DISABILITY/HEALTH CONDITION DETAILS				
Please select Disability type				
□ Chronic illness/medical condition	Mobility/Physical			
Learning Disability	Neurological			
Mental health	□ Sensory			
□ Intellectual	□ Other (please specify)			
Name of disability or medical condition				
Indicate duration				
Permanent Ongoing	□ Temporary < 6 months			
Indicate nature of condition				
□ Fluctuating □ Constant	Improving Degenerating			

How does the disability/medical condition **impact** on the student's ability to study/participate in education? E.g.: Reduced ability to concentrate, fatigue, chronic pain, etc.





What strategies would you recommend to minimise the impact of the disability/medical condition? (e.g. short extensions to complete written assessment, extra time in examinations, regular rest breaks, reduced study load)

Health Practitioner Details

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Full Name	
Provider No.	
Contact Number	
Business Address	

This report must be accompanied by the Health Practitioner's stamp or business card:		
Please sign below:		
Signature		
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