

AccessAbility Services

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Student Name: _____

Student Number: _____

Health Professional Report for Carers:

This form is intended for use by students who have significant carer responsibilities for a person with a disability, long-term illness and/or mental health condition which impacts on their studies.

Definition of Carer: A carer is defined by the *Carer Recognition Act 2010* as “an individual who provides personal care, support and assistance to another individual who needs it because that other individual (a) has a disability; or (b) has a medical condition (including a terminal or chronic illness); or (c) has a mental illness; or (d) is frail and aged... An individual is not a carer merely because he or she (a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or (b) lives with an individual who requires care.

If you are providing a letter from your health practitioner/provider instead of using this form, it must be current and include:

- ✓ *Information about the condition of the person you are caring for*
- ✓ *Whether their condition is permanent, temporary*
- ✓ *How your study may be impacted by your caring responsibilities*

If you have any questions please contact AccessAbility Services on +61 8 92667850 to speak to an AccessAbility Advisor.

Student to complete:
Student consent to release/exchange information:

I hereby give authority for
 (*Student's name*) (Professional's name)

to release information relating to my disability/medical condition to AccessAbility Services at Curtin University, and also give authority for AccessAbility Advisors to contact my health professional regarding my disability/medical condition.

Date: Student's Signature

Relationship to person being cared for:

- Parent/Guardian
- Sibling
- Friend
- Partner/Husband/Wife
- Other

How long have you been a significant carer?

Health Professional to complete:

Diagnosis: Disability/Medical condition of person being cared for:

Please indicate whether condition is:

Permanent

Temporary

Fluctuating

Degenerative

Expected duration/review date:

Student's caring responsibilities - impact on studies and examinations:

Do you have any specific recommendations for study adjustments or support?

Health Professional's details:

Practice Stamp:

This carer documentation is valid formonths years.

I declare that I am not a close relative or associate of this student.

Signature:..... Date:.....

Please print and sign this form if completed electronically