In order for disability support services to be accessed, a health practitioner’s statement is required. This statement will assist the University in verifying a disability or health condition and enable the University to provide the most appropriate supports to reduce the impact of these conditions on study.

This statement should comply with the requirements outlined in the *Documentary Evidence Guidelines for Students with Disabilities and Long Term Medical Conditions*.

Consent has been provided for the release of information from your service, as indicated below, by way of student and practitioner official stamp.

***Student Authority for the provision of information (to be completed by the student)***

*Student Name: …………………………………………… Student ID Number: ………………………………*

*I hereby authorise Equity and Diversity, La Trobe University to obtain information from my health practitioner. I also authorise Equity and Diversity, La Trobe University to seek further information from my health practitioner as required. I hereby authorise my health practitioner to release the information below and in any attachments to Equity and Diversity, La Trobe University.*

*Student signature: …………………………………….………….. Date: …………………………*

**The following sections to be completed by a qualified health practitioner (eg GP/ Psychologist/).**

**Professional’s stamp (compulsory)**

**Provider**

**Number: ……………………………….…**

**Name of Practitioner: ………………………………….….**

**Profession: ………………………………………….....…..**

**Phone number: ……………………………………………**

**Date:…………………………………………………………**

**Nature of disability / medical condition / injury:**

………………………………………………………………………………………………………………………..…

**Please indicate whether the disability / condition is:**

 Permanent

 Temporary - please provide projected duration

**○** less than 6 months **○** 6 months **○** 1 year **○** 2 years **○** 3 years or longer

**Please indicate whether the disability / condition is:**

 Fluctuating Constant Improving Deteriorating

**Please comment on the impact of the student’s condition or any associated treatment:**

**Key:**

**○ Severe:** the impact is serious and may result in the student being unable to maintain a level of performance or complete academic requirements

**○ Moderate:** there will be a moderate impact on the student’s ability to complete academic requirements

**○ Mild:** there will be minimal impact on the student’s ability to complete academic requirements

**○ No impact**: there is no impact (medications and/or management enable the student to meet academic requirements)

1. **The impact on reading**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **The impact on writing**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **The impact on mobility**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **The impact on memory and concentration**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………

1. **The impact on communication**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………

1. **Impact on participation in classes, practical sessions , laboratory classes, clinical placements and field trips (if relevant)**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **The impact on preparation of essays and assignments**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **The impact in an examination situation**

**○ Severe ○ Moderate ○ Mild ○ No impact**

Details of impact: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Recommended strategies for minimising the impact of the condition on study**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Recommended strategies for minimising the impact of the condition in an exam situation**

**○** extra time

**○** permission to take in medication, food or drink

**○** use of equipment such as a computer, ergonomic furniture

**○** separate venue or other support/requirements

**Further Details:**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………

**Please attach any additional documentation that may be beneficial in accommodating the student**

**Signature:** ………………………………………………………………… **Date:** ……………………

Equity and Diversity Staff Contact Details:

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