



Health Practitioner Report for Carers - CONFIDENTIAL

To assist the Australian National University (ANU) Access & Inclusion to assess, and tailor, the student's required adjustments and support, we require detailed medical opinion on the impact of the student's caring responsibilities and their capacity to complete academic requirements. This Carer Practitioner Report form needs to be completed by a registered medical or allied health professional of either the student carer or the person being cared for

IMPORTANT:

Personal information about students is protected under the Privacy Act 1988, Freedom of Information Act 1982 (Commonwealth) and Australian National University Act 1991 (Commonwealth).

Please refer to https://policies.anu.edu.au/ppl/document/ANUP_000405 and https://policies.anu.edu.au/ppl/document/ANUP_00126

Student to complete

Name:		University ID:	
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I hereby authorise *(Practitioner name)*
to release the following information to the Australian National University office of Access and Inclusion. I also give consent for ANU Access and Inclusion to discuss my reasonable adjustment needs with my practitioner:

Yes No

DOB:		Phone Number:	
Signature:		Date:	

(student signature)

Medical professional to complete

Health Practitioner's Name			
Health Practitioner's Qualifications			
Phone Number:			
Provider Number:			
Email Address:			
Signature:			
Date:		Affix stamp:	

NB: If the student carer is experiencing a medical condition or disability themselves, a separate Health Practitioner’s Report must be completed by their treating practitioner – available online [here](#)

This report is valid for the following period:

Months 1 year 2 years

Relationship of student to person being cared for

Child	Parent/Guardian	Sibling
Friend	Other:	

Status: of condition of person being cared for

Temporary until	Permanent	Fluctuating
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Please detail any expected change in status over time

Condition of the person being cared for

Disability	Medical Condition	Mental Health Condition
Frail/ Aged	Other	

Caring responsibilities

Please describe the nature and time commitment of care provided by the student carer
 (Physical/personal care, activities of daily living/managing personal affairs, attending appointments, other - provide details)



Impact of caring responsibilities on study

Please describe how the student's caring responsibilities may impact their ability to participate in study (Please consider completion of assessment, attendance, in class participation, examinations, practicum/field trips etc.)

Recommendations for reasonable adjustments

Please explain adjustments or support which may be helpful based on impacts outlined above (Please consider completion of assessment, attendance, in class participation, examinations, practicum/field trips etc.)

Additional documentation

Please attach any additional supporting documentation if relevant

Submitting form

Please email completed form to access.inclusion@anu.edu.au