Australian National University Access & Inclusion Telephone: 02 6125 5036

Email: access.inclusion@anu.edu.au

Online: <a href="https://www.anu.edu.au/students/contracts/access-inclusion">https://www.anu.edu.au/students/contracts/access-inclusion</a>

# **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

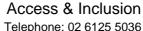
I	N	П	D	a	D	Т	Δ	N	П	٠.

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 <a href="https://policies.anu.edu.au/ppl/document/ANUP">https://policies.anu.edu.au/ppl/document/ANUP</a> 00126 and

Student to complete										
Name:			University ID:							
also give consent for practitioner:	wing information to	ereby authorise (Practitioner name) he Australian National University office of Access and Inclusion. Inclusion to discuss my reasonable adjustment needs with my								
Yes No										
DOB:			Phone Number							
Signature:			Date:							
Medical profess		<u>lete</u>								
Health Practition Qualifications	er's									
Phone Number:										
Provider Number	:									
Email Address:										
Signature:										
Date:			Affix stamp:							

Form: Health Practitioner Report for Carers V1.0





Email: access.inclusion@anu.edu.au

Online: https://www.anu.edu.au/students/contracts/access-inclusion

**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 <a href="here">here</a>

## 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 Please detail any expected change in status over time Condition of the person being cared for **Medical Condition** Disability 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)

Form: Health Practitioner Report for Carers V1.0



Access & Inclusion Telephone: 02 6125 5036

Email: access.inclusion@anu.edu.au

Online: <a href="https://www.anu.edu.au/students/contracts/access-inclusion">https://www.anu.edu.au/students/contracts/access-inclusion</a>

#### 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 <a href="mailto:access.inclusion@anu.edu.au">access.inclusion@anu.edu.au</a>

Form: Health Practitioner Report for Carers V1.0