

## Disability Support Services Registration Form

Students requesting services from Disability Support Services must provide documentation completed by a qualified professional with comprehensive training and experience in the relevant field of health/disability.

### Health Professional to complete and sign:

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

The Health Professional's information on this form is a formal statement of recommendations for services for a student with disability at Monash University.

Please attach any additional documentation that may assist the student at university. \*With a diagnosis of a Learning Disability a detailed adult assessment and report must be provided by a qualified Educational or Neuro-psychologist.

**Name of Health Professional:** \_\_\_\_\_ **Provider Number:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please state the disability, medical or mental health condition:**

\_\_\_\_\_

**How does the disability/condition impact on the student's ability to study?**

\_\_\_\_\_

**Recommendations for reasonable adjustments for examinations and assessments:**

- use of Equipment (please specify): \_\_\_\_\_
- extra working time of \_\_\_\_\_ minutes **per hour** of examination (includes writing/reading time)
- rest or movement time of \_\_\_\_\_ minutes **per hour** of examination (time-out from writing)
- flexibility in assignment deadlines
- other (please specify): \_\_\_\_\_

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

- Short Term                       Fluctuating                       Permanent

**Please indicate how long the documentation is valid for:**

- Short term: \_\_\_\_\_ weeks    6 months    1 year    2 years    3 years    Permanent

**Health professional's signature:** \_\_\_\_\_

**Health Professional Stamp:**

Professional's stamp or Provider Number  
with contact details (compulsory)



## Student to complete and sign:

Student ID number: \_\_\_\_\_ campus: \_\_\_\_\_

Preferred contact phone number: \_\_\_\_\_

**Students must make an appointment for consultation with a Disability Adviser to discuss the recommendations on this form and to formally register for services. Appointments can be made by calling 03 9905 5704 or emailing [disabilitysupportservices@monash.edu](mailto:disabilitysupportservices@monash.edu)**

Before the student can register with Disability Support Services, the **original** completed copy of this form (or original documentation provided by a qualified, relevant health professional) must be given in person, provided via email or posted to:

Disability Support Services  
Campus Community Division  
Level 1 Western Annexe, 21 Chancellors Walk  
Monash University Clayton Campus  
Victoria 3800, Australia  
Telephone +61 3 9905 5704  
[www.monash.edu/disability](http://www.monash.edu/disability)

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### Privacy statement

This information is collected for the primary purpose of providing appropriate services and facilities. A student can limit the information they provide Disability Support Services or choose not to provide consent to share information, but this may restrict the capacity to provide reasonable accommodations.

You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of personal information, please contact the University Privacy Officer at [privacyofficer@monash.edu](mailto:privacyofficer@monash.edu)

### Student declaration

I have read the Disability Support Services Privacy Statement, and understand that my personal details held by Disability Support Services will not be released to persons outside the Disability Support Services except where it may be judged necessary (see the Privacy Statement at: [monash.edu/disability/privacy.html](http://monash.edu/disability/privacy.html)).

I hereby give permission for my Disability Adviser to communicate, as necessary to perform the functions of Disability Support Services, with my treating health professional/s, the Examination Unit organising my assessment, my Lecturers, my Tutors, Faculty staff responsible for the administration arrangements necessary to support the accommodations and related arrangements proposed for me; and to access the Monash University student database to verify my enrolment details. I understand I can revoke this consent at any time. I also consent to Disability Support Services providing the reasonable adjustments as stated on this form, for the duration of my registration.

Student signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_