



Disability Services Registration Form

Students requesting services from Disability 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:

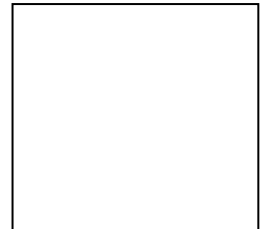
Student name: _____ **Date of birth:** ____/____/____

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. *An 'Emergency Response Plan' can be developed for students with conditions that require immediate assistance in an emergency situation. *With a diagnosis of Learning Disability a detailed adult assessment and report must be provided by a qualified Educational or Neuro-psychologist.

Name of Professional: _____

Phone: _____ Date: ____ / ____ / 20____



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

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 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 tick how long the documentation is valid for:

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

Health professional's signature: _____

Student to complete and sign:

Student ID number: _____ **campus:** _____

Preferred contact phone number: _____

Students should make an appointment with Disability Services to discuss the accommodations recommended on this form and to formally register with the service. Appointments can be made by calling 03 9905 5704 or emailing disabilityservices@monash.edu.

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

Disability Services
Social Justice Unit
Building 55 Level 1 Clayton Campus
Monash University
Melbourne, Victoria 3800, Australia
Website: monash.edu/social-justice/disability

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 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

Student declaration

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

I hereby give permission for my Disability Adviser to communicate, as necessary to perform the functions of Disability 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, Open University Australia staff (and their examination service provider); 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 Services providing the reasonable adjustments as stated on this form, for the duration of my registration.

Student signature: _____ **Date** ____/____/20____