

## Disability Support Services (DSS) Registration form

Monash University provides reasonable learning adjustments to students who have a confirmed disability, or medical condition (long-term and short-term), mental health condition or learning difficulty.

Students studying at all Monash campuses and Monash College can use this form to register with DSS in order to receive learning adjustments.

The registration form needs to be completed, signed and dated by both a health professional (Part A) and the student seeking registration (Part B and Part C), then sent to DSS by email to [disabilitysupportservices@monash.edu](mailto:disabilitysupportservices@monash.edu).

### Part A: Health professional diagnosis and impact statement

This section needs to be completed and signed by a health professional with knowledge of the student's disability or condition.

The information you provide in this form will help the Disability Support Services (DSS) team determine the appropriate learning adjustments and support that should be provided to the student.

If you're a qualified psychologist and the student has a learning disability (such as dyslexia), please supply a full assessment of their disability instead to [disabilitysupportservices@monash.edu](mailto:disabilitysupportservices@monash.edu).

#### Student details

Student name:

Date of birth:

#### Health professional details

Name of health professional:

Registration No.:

Contact number:

Email address:

## Health assessment

1. Provide a summary of the student's disability, diagnosis, medical or mental health condition or learning difficulty.

2. Describe how the student's condition would impact their ability to learn or study. Consideration should be given to how the condition impacts the student's ability to participate in any of the following:

- lectures and seminars
- workshops and tutorials (practical classes (e.g. laboratories, studios)
- timed assessments (e.g. exams and tests – online and in-person)
- co-curricular activities (e.g. internships, placements, study abroad, field trips).

3. What should be taken into consideration when determining appropriate learning adjustments for this student?

4. How long is the condition expected to impact the student?

6 months

1 year

2 years

3 years

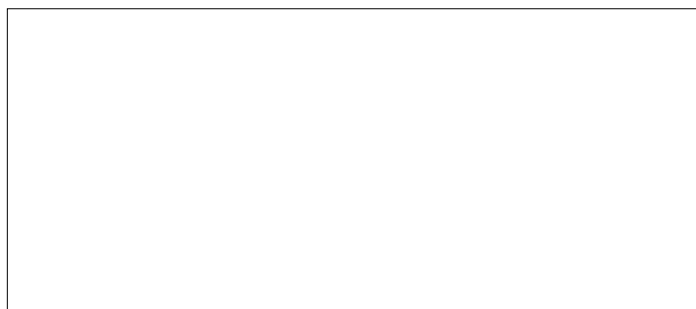
Ongoing

Other (e.g. short-term, 2 weeks):

Name of health professional:

Signature of health professional:

Stamp of health professional:



Date:

## Part B: Student impact statement

We encourage you to provide information about your circumstances and how they impact your studies. However, if you're not comfortable providing these details in the form, you can skip this part and go straight to Part C (student declaration).

### Impact statement

1. Describe how your condition impacts you and your studies. This will help us put the appropriate support and adjustments in place for you. (Optional)

2. Provide the details of any support or adjustments you may have received for this condition in high school or at another University. (Optional)

## Part C: Student declaration

Student name:

Student ID number:

Contact number:

Campus:

Before you can submit the registration form, you'll need to read and sign the Privacy Statement and Student Declaration below.

Once the mandatory parts of this form (Part A and Part C) have been completed, signed and sent to DSS, you'll need to book in to see a disability adviser as soon as you can – they will discuss any adjustments that may be needed for your learning (this can take up to an hour). Check our [registration page](#) for all the details.

## Privacy statement and student declaration

Your personal and health information is collected to enable Disability Support Services (DSS) to provide you with appropriate academic and non-academic support. This information is collected for the primary purpose of providing appropriate services and facilities. You can limit the information they provide Disability Support Services (DSS) or choose not to provide consent to share information. If you provide the consent outlined below, your personal details will be confidentially stored by Disability Support Services (DSS) and not released to persons outside of DSS except where required to provide you with appropriate services and facilities.

I consent to the personal information (including any sensitive information) and health information I provide to DSS to be used for the purpose of verifying my enrolment details and providing me with appropriate academic and non-academic support.

I consent to DSS communicating with my treating health professional (and/or other person or organisation named in the registration form or other supporting documents) to confirm or clarify the information I have provided, and to provide DSS with additional information relevant to my application for registration with DSS.

I consent to DSS contacting any University staff (e.g. tutors, chief examiners), if required, who are involved in arranging adjustments to my learning and assessment and to access the Monash University student database to verify my enrolment details.

I consent to DSS communicating my DSS registration status and recommended support to other areas of the University (e.g. exams, Special Consideration) as deemed necessary.

I understand that I can withdraw this consent at any time.

If you do not provide your consent for the above purposes, Disability Support Services will not be able to process your information to provide you with services.

Monash University values the privacy of every individual's personal information and is committed to the protection of that information from unauthorised use and disclosure except where permitted by law. For information about the handling of your personal information please see the [Student Data Protection and Privacy Collection Statement](#). For more information about Data Protection and Privacy at Monash University, please see our [Data Protection and Privacy Procedure](#).

If you have any questions about how Monash University is collecting and handling your personal information, please contact the Data Protection and Privacy Office at [dataprotectionofficer@monash.edu](mailto:dataprotectionofficer@monash.edu).

By signing this form, I declare the information I have supplied is true and complete. I acknowledge that providing incorrect information or withholding relevant information related to my application may delay the assessing of my application.

Student signature:

Date: