



## Supporting Documentation

This form is to be completed by a medical or other appropriate health professional to enable a student to register with Disability Services. A separate form is required if a student has more than one disability. This form is also available at [sydney.edu.au/disability](http://sydney.edu.au/disability).

Without this documentation the student will not be able to obtain the adjustments and support required.

On completion of this form please forward to client or return by email to [disability.services@sydney.edu.au](mailto:disability.services@sydney.edu.au)

**Important:** Personal information about students is protected under the *Privacy and Personal Information Protection Act 1988* (NSW), the *Health Records and Information Privacy Act 2002* (NSW) and the University of Sydney Privacy Policy and Plan (copies of which are available at [sydney.edu.au/arms/privacy](http://sydney.edu.au/arms/privacy))

In order for a student to receive support from Disability Services they will need to sign an *Acknowledgement of Use and Disclosure of Personal Information* form which gives consent for Disability Services to disclose information about the student to teaching bodies within the University for the purpose of identifying and providing reasonable adjustments for their disability, and other University personnel and/or professionals outside the University where the University considers it necessary for the purposes of the student's health, safety and welfare and that of other people.

### Student Details

Full Name	
Student ID (office use only)	

### Health Professional

Full Name	
Profession	
Address	
Phone contact 1	
Phone contact 2	
Email	
Provider Stamp (or business card provided)	
Provider Number	

I authorize Disability Services to contact me or my office to confirm authenticity of this document

Professional's Signature	
Date	



### Recommendations for Adjustments/Support

In view of the disability impacts outlined above please make recommendations for adjustments/support required:

**Assignments** (eg. needs extra time, alternative assessments, other)

**Examinations** (eg. needs extra time, rest breaks, permission to take medication, food, drink: use of equipment such as a computer, ergonomic furniture, other)

**Accessibility** (eg. building access and accessible facilities, timetable adjustments, interpreting, T-loop and other amplification for non-T-loop enabled spaces)

If known, does the student require assistive technology? Yes  No

If yes, please list the assistive technology recommended (eg. specific equipment, furniture, or adaptive software or hardware)

### Safety Plan

Does this student require a medical or mental health safety plan Yes  No

(eg. medical safety plan for such conditions as diabetes, epilepsy or a heart condition and a mental health safety plan in the case of a student at mental health risk)

If yes, could you please fill out a safety plan on the form over page.

Thank you for your assistance in providing this documentation. This will greatly assist Disability Services in assessing and negotiating appropriate academic adjustments for this student to enable equal participation in their education at the University of Sydney

## Safety Plan

This document is to be completed by a medical or other appropriate health professional if a student has a medical or mental health condition which may require a safety plan. This information will be kept on the student's file at Disability Services so that we have this information should we become aware that the student is in crisis. This form is also available at [sydney.edu.au/disability](http://sydney.edu.au/disability).

Please refer to privacy information on the front of this form. The information provided in this safety plan may be shared with external placement providers if required to meet OH&S requirements.

On completion of this form please forward to the student, together with the supporting documentation above or return by email to [disability.services@sydney.edu.au](mailto:disability.services@sydney.edu.au)

### Warning Signs (ie. signs and symptoms, behaviour) that a medical or psychiatric crisis may be developing

1.
2.
3.
4.
5.
6.

### Student's self-management or prophylactic measures to avert a crisis

1.
2.
3.
4.
5.
6.

### Medical or other health professionals who can be contacted if a crisis occurs

Professional's name:
Professional's pager or emergency contact:
Professional's name:
Professional's pager or emergency contact
Local area health service crisis team
Local area health service crisis team contact
Other:
Other:

### Signature of medical or health professional providing safety plan

Professional's Name:
Professional's Signature:
Date: