



Education Access & Inclusion Support Student Registration Form

This form has been designed to be completed by a healthcare professional, only the first section needs to be completed by the student.

The form must be completed by a registered medical health professional, counsellor, psychologist, or psychiatrist. We cannot accept this form from a physiotherapist, social worker, family member or teacher.

Please complete this form in full. If there are sections that do not apply, please do not leave them blank, instead, populate the field with N/A or Not Applicable.

If you are unsure how to answer a section, please populate the field with *'Please contact me'*. You will then be contacted by a Student Success Adviser from UTS College who will assist you in completing this form.

Student details, privacy collection notice and consent

UTS College Student Success team requires a report from an accredited medical or health care practitioner to verify the impact of your disability or condition on your studies. UTS College will use the personal information and sensitive information you provide in this report to consider the study adjustments to make for you. Please read the below statement and sign.

The UTS College Privacy Policy is available on the UTS College website. Personal and sensitive information will be collected and used by UTS College in accordance with this Privacy Policy which can be viewed at utscollege.edu.au/au/privacy.

By completing and submitting this form, I consent to UTS College collecting all personal information included on this form, including sensitive information provided by my nominated Health Professional, in accordance with the purposes set out in the UTS College Privacy Policy. This includes to perform one or more of its functions or activities, such as to determine eligibility of support services available to me to assist with my studies, and provisions related to academia and study environment.

I consent to my personal information (including sensitive information) being disclosed as set out in the UTS College Privacy Policy, including to the University of Technology Sydney, government departments and other authorised third parties (including course providers). The UTS College Privacy Policy contains information about how to access and correct personal information, how to make privacy complaints and how UTS College will deal with those complaints.

Student name		Date	
Student ID		Student Signature	

Health Professionals details

UTS College is requesting the assistance from a Healthcare Professional who can assist in diagnosing a student with a disability or medical condition that is impacting their study.

Eligibility for support services is determined on an individual needs basis. Upon review of recommendations in this form, UTS College can develop a personalised academic plan, providing appropriate support and adjustments for the student to minimise impact on their education.

If the student has a medical or mental health plan in place, please fill in this form and attach all supporting documentation.

If you would like to attach any further supportive documentation, please tick this box to indicate extra pages.

Number of extra pages _____

Health Professional name		Date	
Occupation and Provider number			
Business name and address or stamp			
Professional Registration number			
Professional Signature			

Supporting information

Please explain the diagnosis of the disability/medical condition. Please include the year diagnosed and the severity of the diagnosis e.g mild, moderate, severe.

Please explain if the disability/condition is permanent, chronic, if it fluctuates or is episodic. Please detail how frequent the symptoms are and all triggers/exacerbators. If applicable; what is the average timeframe to recovery after each episode or fluctuation.

**Please detail how the disability / medical condition impacts the students study.
Please include your recommendations.**

Please consider reading, writing, speaking, listening, cognitive processing, mobility, concentration, memory, fatigue.

Attendance:

Lectures/class participation:

Assignments:

Group presentations/group work:

Private study/online activities:	
Exams:	
Other:	

Please list all treatments and medications and their side effects. Please consider how the treatments and/or medications could affect their study.

Summarise the duration of the disability/condition and the impacts of the diagnosis.

Permanent Temporary

From _____

To _____

The impact on the students ability to study will be for:

1 month 3 months 6 months

12 months 2 years 4 years

Any other Comments

Medical/Mental Health Crisis Plan

This Mental Health Crisis Plan is made up of five different sections, designed to help prevent or mitigate the effects of a mental health crisis in the student. This plan will be available to the Student Success team to enable timely support and aid direction in a crisis.

Warning Signs and Behaviours that a medical or psychiatric crisis may be developing.	
Triggers	
Does the student have any self-management measures and coping strategies in place when symptoms begin?	
Does the student know where they can go to feel safe when having symptoms?	

Medical/Mental Health Contacts

Medical Contact 1	
Medical Contact 2	
Personal Contact 1	
Personal Contact 2	