

## Medical Information - Carers

***This form is intended for use by students who are the primary carer of a person with a disability, long-term illness and/or mental health condition and wish to have support.***

**PLEASE NOTE:** A carer is defined by the *Carer Recognition Act 2010* as “an individual who provides personal care, support and assistance to another individual who needs it because that other individual (a) has a disability; or (b) has a medical condition (including a terminal or chronic illness); or (c) has a mental illness; or (d) is frail and aged... An individual is not a carer merely because he or she (a) is the spouse, de facto partner, parent, child or other relative of an individual, or is the guardian of an individual; or (b) lives with an individual who requires care.

If you are providing a letter from your health practitioner/provider instead of using this form, it must be current and include:

- ✓ *Information about the condition of the person you are caring for*
- ✓ *Whether their condition is permanent, temporary*
- ✓ *How your study may be impacted by your caring responsibilities*

<b>Student name</b>		<b>Date of birth</b>	
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**To be completed and signed by the treating health practitioner of the person being cared for**

<b>Diagnosis / medical condition / injury / health issue of person being cared for</b>				
<b>The condition is</b>	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Constant	<input type="checkbox"/> Improving	<input type="checkbox"/> Degenerating

How does the condition impact on the carer's studies? *E.g. fatigue, loss of concentration, attendance.*

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<b>Name of treating health professional</b>		Treating professional's stamp or business card here
<b>Signature</b>		
<b>Date</b>		