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**Student Services – Medical Information Form (Carer)**

***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*

Student Details:

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| **Given name:** |  | **Date of birth** |  | | | | | | | |
| **Surname/Family Name** |  | **Student ID** |  |  |  |  |  |  |  |  |

**Relationship details:** Details of your relationship with the person being cared for

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| **Nature of Relationship** | 󠄀 Parent/ Guardian  Sibling  Friend  Partner  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 󠄀  How long have you been the primary carer:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Qualified Health Practitioner of the person being cared for to complete remainder of form:***

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| **Name (print):** |  | **Treating professional’s**  **AHPRA number / stamp** |
| **Occupation:** |  |
| **Signature:** |  |
| **Date:** |  |
| **AHPRA Number:** |  |  |

**Disability/ Medical Condition details:** Type of condition of person being cared for:

(Tick appropriate box –)

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| --- | --- | --- | --- |
| ADD/ADHD | Learning  (please attach report) | Hearing | Injury |
| Neurological | Mental Health | Mobility Issues | Vision |
| ASD | Other Medical Condition (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Diagnosis:** Please provide details of diagnosis & attach any relevant documentation/ specialist reports/ diagnostic evidence

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|  | | | **Date of Diagnosis:** |  |
| **Expected**  **Duration:** | 󠄀 Temporary  Expected date of  Recovery:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 󠄀 Fluctuating  Next review date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 󠄀 󠄀 Permanent  Is there any expectation of change in symptoms  over time?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Information relevant to providing appropriate adjustments/ accommodations**

**Caring responsibilities/ Impact on studies:** Please provide information on what the responsibilities are as carer and how this impacts on studies

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**Recommendations for Adjustment:** Please recommend ways that you feel the university could assist in providing support to the student, based on the functional impacts outlined above

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