

**AccessAbility Services**

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**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

## Health Professional Report for Carers:

***This form is intended for use by students who have significant carer responsibilities for a person with a disability, long-term illness and/or mental health condition which impacts on their studies.***

**Definition of Carer:** 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*

If you have any questions please contact AccessAbility Services on +61 8 92667850 to speak to an AccessAbility Advisor.

**Student to complete:**
**Student consent to release/exchange information:**

I ..... hereby give authority for .....  
 (*Student's name*) (*Professional's name*)  
 to release information relating to my disability/medical condition to AccessAbility Services at Curtin University, and also give authority for AccessAbility Advisors to contact my health professional regarding my disability/medical condition.

Date: ..... Student's Signature .....

**Relationship to person being cared for:**

- Parent/Guardian
- Sibling
- Friend
- Partner/Husband/Wife
- Other

How long have you been a significant carer? .....

**Health Professional to complete:**

**Diagnosis:** Disability/Medical condition of person being cared for:

Please indicate whether condition is:

Permanent

Temporary

Fluctuating

Degenerative

Expected duration/review date:

**Student's caring responsibilities - impact on studies and examinations:**

**Do you have any specific recommendations for study adjustments or support?**

**Health Professional's details:**

Practice Stamp:

This carer documentation is valid for .....months ..... years.

I declare that I am not a close relative or associate of this student.

Signature:..... Date:.....

**Please print and sign this form if completed electronically**