

Provision of Student Disability Services Supporting Documentation Form

Should you wish to access Danford college's Student Disability Services would you please complete this form and return with your Student Enrolment Form? This information is required so that the College can provide the appropriate disability support services.

Information regarding the functional implications of your disability or medical conditions which is relevant to your learning environment must be provided by an appropriate health professional and may be recorded on this form, where indicated below, or in the form of a letter/report.

The Health Professional's report should include:

- Information on your condition
- How your study may be affected
- Whether your condition is permanent, temporary or ongoing

SECTION 1: Student Authorisation for Provision of Information by Health Professional

Full Name of Student: Student ID:

I hereby authorise the nominated Practitioner or Health Care Provider to provide the information as shown below and in any attachment, which may be recorded and submitted to Danford College on the form. "Section 2" or submitted in the form of a letter/report.

Student Signature: Date:

SECTION 2: to be completed by Health Professional (Practitioner or Health Care Provider)

Practitioner/Provider Name: Provider Stamp

Address:

Name of disability or medical condition:

Indicate (✓) which category the disability/condition is best related to:

☐ Hearing ☐ Vision ☐ Learning ☐ Medical ☐ Medical ☐ Mental Health ☐ Other

Indicate (✓) if you consider the disability condition is:

☐ Permanent ☐ Temporary ☐ Fluctuating ☐ Constant ☐ Improving ☐ Degenerating



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What impact do you consider the disability or condition would have on the student’s ability to study?
e.g. inability to sit for long periods: fatigue; loss of concentration. Further information may be attached.

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Other comments or suggestions may assist in determining the appropriate support – e.g. rest periods during exams, additional writing and/or preparation time.

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Practitioner/Provider Signature: **Date:**

(Please attach an official letterhead with signature and stamp)