



INSTRUCTIONS TO STUDENTS

This Health Professional Report (HPR) can only be completed and signed by a treating practitioner who can verify a health condition which they are qualified to authenticate. The treating practitioner should be registered with the Australian Health Practitioner Regulation Agency (AHPRA) or Australian Association of Social Workers (AASW). All relevant sections of this form must be complete for your application to be considered. An incomplete HPR may result in your application being ineligible.

- Before completing this form, please read the University's Special Consideration guidelines at:
 go.unimelb.edu.au/fo6r
- Please have this form completed by the relevant treating practitioner involved in the care of your ongoing circumstances.
- Please complete this form if your circumstances will be affecting your study for **longer than six weeks**. You will need to submit an application for **"Special Consideration (Ongoing Support)"** online and upload a copy of this form. All relevant sections of this form must be complete for your application to be considered. An incomplete form may result in your application being deemed ineligible.
- If your circumstances are affecting **upcoming or overdue assessment tasks**, you will also need to submit an application for **"Special Consideration (Unexpected Circumstances)"** online and upload appropriate supporting documentation. For health related circumstances, the preferred documentation to verify impact is the Health Professional Report.
- Recommendations in this form will need to be discussed with your Student Equity Adviser, to ensure they align with the inherent academic requirements of your course/subjects
- Your personal information is managed under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). All personal information collected by the University is governed by the University's Privacy Policy at:
 policy.unimelb.edu.au/MPF1104

By signing this document, I declare that all the information supplied is complete, true and correct in every particular and acknowledge that the University may terminate my studies if I have misrepresented my past and/or present circumstances and that this termination may take place at any stage during the course undertaken. I understand that the University reserves the right to inform other tertiary institutions if any of the material presented to support my application is found to be false. All documents submitted become the property of the University of Melbourne. I give permission for the University of Melbourne to contact my health professional to verify the information on this form if needed, and for relevant information to be provided to the University of Melbourne.

Student number:

Name:

Course:

Signature:

Date: / /

INSTRUCTION TO HEALTH PROFESSIONALS

Thank you for completing this form. The information you provide will be used by a Student Equity Adviser, in consultation with the student, to recommend appropriate adjustments to support the student in their studies at the University of Melbourne.

By completing and signing this form, you are verifying that:

- the student is experiencing ongoing health or other circumstances outside of their control
- these circumstances will affect the student's capacity to study and/or complete assessment under standard conditions for more than six weeks
- you are qualified to authenticate the circumstances for which the student is applying
- staff at the University of Melbourne can contact you to verify the authenticity of this document
- you are not a family member or a close associate of the student
- you are registered with Australian Health Practitioner Regulation Agency (AHPRA) or Australian Association of Social Workers (AASW).

Note: A signed letter or report that includes the information in the next page is acceptable as an alternative to completing the form. For Learning Disabilities (e.g. Dyslexia), supporting documentation should include test results and summary findings from relevant and recognised tests designed to assess and diagnose a Learning Disability for an adult (aged 16 years or older) in an academic setting.

I agree to staff at the University of Melbourne contacting me to verify the authenticity of this document.

Name:

Role:

Address of practice:

Registration no. (if applicable):

Telephone no.:

Signature:

Date: / /

Professional Practitioner's Stamp:

FURTHER INFORMATION

Please contact the Student Equity and Disability Services team
 t: +61 3 8344 0836 e: equity-disability@unimelb.edu.au

STUDENT'S HEALTH CONDITION To be completed and signed by health professional.

1. Brief description of impact of student's condition or ongoing circumstances:

2. Approximate date of onset / date of first impact:

D	D	/	M	M	/	Y	Y	Y	Y
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- Permanent
- Temporary (<6 months)
- Long term (>6 months)
- Constant impact

3. Please indicate whether the student's circumstances affect the following areas:

The student will need to discuss any recommendations made in this form with their Student Equity Adviser, to ensure they align with the inherent academic requirements of their course/ subjects.

a) Attendance and participation (i.e. lectures, tutorials, practical classes, professional placements, field trips, commute, travel, other)

- No Yes (if yes, please describe recommended adjustments)

b) Cognitive impact (i.e. attention, concentration, memory/ recall, processing information, planning and organisation, other)

- No Yes (if yes, please describe recommended adjustments)

c) Reading and writing (i.e. handwriting, typing, spelling/ punctuation, reading speed, comprehension, print size, any accessible formatting requirements)

- No Yes (if yes, please describe recommended adjustments)

d) Physical/mobility (i.e. standard lecture/classroom seating, capacity to sit or stand for extended periods, moving between class venues, manual tasks in practical/ lab classes, other)

- No Yes (if yes, please describe recommended adjustments)

e) Assignment-based assessment (i.e. ability to prepare and submit essays, assignments, reports etc. within set timeframes)

- No Yes (if yes, please describe recommended adjustments)

f) Exam-based assessment (i.e. ability to complete assessment under exam or test conditions)

- No Yes (if yes, please include any requirements for equipment, technology, ergonomic furniture, food/drink/medication, etc. as applicable)

g) Presentation or Performance (i.e. ability to deliver an oral presentation or perform a piece of music, theatre or production before an audience)

- No Yes (if yes, please describe recommended adjustments)

h) Clinical Placement or Lab work with hazardous material

- No Yes (if yes, please describe recommended adjustments)

i) Other (if not related to any of the above, please describe, add specific recommendations, if any)

Privacy statement

The collection of personal information by the University of Melbourne (University) is governed by the Privacy and Data Protection Act 2014 (Vic) and Health Records Act 2001 (Vic) (together, Privacy Laws). The University is also considered to be a data controller for the purposes of the EU General Data Protection Regulation 2016/679 (GDPR) in relation to the collection of personal information from individuals located in the EU. The University is committed to protecting your privacy and processing your personal information fairly and lawfully in compliance with the Privacy Laws and the GDPR, as applicable. The Student Equity and Disability Services team is requesting the information on this form to assess the impact of a student's circumstances on their studies and recommend, in consultation with a student, reasonable adjustments to support a student in their studies. You can contact us at equity-disability@unimelb.edu.au or on +61 3 8344 0836. Further details about how we handle your personal information can be found in our Student privacy statement (<https://about.unimelb.edu.au/strategy/governance/compliance-obligations/privacy/privacy-statements/student-privacy-statement>).