

### Information

Griffith University provides appropriate and reasonable support to students with disabilities, injuries or medical conditions, to reduce the impact of their disabilities, injuries or medical conditions on their studies.

In order to provide reasonable adjustments to students with disabilities, injuries or medical conditions, we require documentation outlining details of the specific disability, injury or health condition, and the potential functional implications of this condition in the tertiary education environment across all learning activities. These include, but are not limited to, those relating to: assessment, work-integrated learning (e.g. work placements, service learning), study exchanges and other course-related activities.

This information must be provided by an appropriate medical practitioner or health care provider, obtained through an in-person consultation, and must cover all points on this form, with attached documentation if available and as required.

Students with learning disabilities need to provide recent (last year of formal school and/or assessed as an adult), and comprehensive reports derived from diagnostic testing. These reports can be submitted separately, or with this form. For details on reporting requirements in relation to learning disabilities go to [adcet.edu.au/oao/for-disability-practitioners/guidelines-for-assessment/](http://adcet.edu.au/oao/for-disability-practitioners/guidelines-for-assessment/)

The **original** completed form (**or a certified copy of the original**), and any **original** supporting documentation (**or certified copies of these**) must be provided to the University's Student Disability and Accessibility in order to arrange reasonable adjustments. Failure to do so may impact provision of services in a timely manner.

A separate form may be required where the student has more than one disability and/or medical condition that requires different professional diagnoses. A new form may be required where the condition changes significantly over the course of the student's enrolment.

All information provided is kept confidential in accordance with the University's [Privacy Plan](#).

The information provided in this form and accompanying documentation will inform the decisions taken by the University in respect of accommodations provided to the student in their current studies.

For more information please contact the Student Disability and Accessibility, by email [disability@griffith.edu.au](mailto:disability@griffith.edu.au) or online at [griffith.edu.au/disability](http://griffith.edu.au/disability)

### Student Authorisation for Provision of Information (to be completed by the student)

Griffith Student Number: s \_\_\_\_\_ First name: \_\_\_\_\_ Family name: \_\_\_\_\_

Program of study \_\_\_\_\_

- I hereby authorise the medical practitioner or health care provider to provide the information below and in any attachments.
- I hereby authorise the Senior Disability Advisor to contact the nominated medical practitioner /health care provider to discuss or clarify these supports if required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Medical Practitioner / Health Care Provider**

**1. Name of disabilities or medical conditions**

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**2. Indicate which category the disabilities/injuries/conditions best fits into:**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hearing           | <input type="checkbox"/> Neurological | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Mobility/Physical | <input type="checkbox"/> Learning     | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Vision            | <input type="checkbox"/> Medical      | _____                                  |

**3. Please indicate whether disabilities/injuries/conditions are:**

- |                               |                                   |                                 |
|-------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|-------------------------------|-----------------------------------|---------------------------------|

**Are these disabilities/injuries/conditions:**

- |                                 |                                    |                                       |   |
|---------------------------------|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Stable | <input type="checkbox"/> Improving | <input type="checkbox"/> Degenerative | <input type="checkbox"/> Fluctuating/episodic*<br>(Fill in information below) |
|---------------------------------|------------------------------------|---------------------------------------|---|

**Are these disabilities/injuries/conditions:**

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Long-term*<br>(Fill in information below) | <input type="checkbox"/> Temporary*<br>(Fill in information below) |
|------------------------------------|--|--|

\*Please provide details of onset and likely duration, injury, illness or health condition if temporary/long-term/fluctuating:

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\*If temporary/long-term, please indicate the date the condition is expected to be resolved \_\_\_/\_\_\_/\_\_\_

**4. Please list the potential functional impacts of the disabilities/injuries/conditions as they might apply to this student in relation to their study. How might the disabilities/injuries/conditions impact on the student's ability to study? (e.g. inability to sit for long periods, fatigue, loss of concentration, medication effects etc. Further information may be attached).**


5. Please provide any specific suggestions for reasonable adjustments, in relation to the functional impacts listed above, that may assist this student to participate effectively in a university learning environment? (e.g. accessible exam arrangements, ergonomic seating, enlarged printing)


Please note that reasonable adjustments will be assessed by and put into place by Student Disability and Accessibility and are required to maintain the inherent academic requirements of the course and in accordance with the Disability Standards for Education 2005.

### 6. Practitioner details

Practitioner / Health Care Provider Name

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Provider Qualifications/Title

(e.g.GP, Psychiatrist, Psychologist)

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Provider Number

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Address

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Email

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Phone

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Provider signature

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Date

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Provider Stamp Practitioner/Health Care

(This document must be accompanied by the qualified health professional's stamp)

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