

Health Practitioner Report for Carers

This form is intended for use by students who are the carer of a person with a disability, medical condition, mental health condition, or who is aged and frail, and that person is substantially dependant on the student for ongoing care.

Important information: A person is NOT a carer just because they are the spouse, de-facto partner, parent, child, other relative or guardian of another person. A person is also NOT a carer simply because they live with a person who requires care (Carer Recognition Act 2010).

It will need to be completed by a health practitioner who has an understanding of your caring responsibilities. We will use this information to consider the appropriate study adjustments to make for you.

If you are providing a letter from a health practitioner/provider instead of using this form, it must be current and include:

- information about the condition of the person for whom you care for
- whether their condition is permanent, fluctuating or temporary
- a statement describing the care the person receives from you
- document must be signed, dated and printed on the health practitioner's formal letter head template

Send your completed form to Accessibility and Inclusion Support by email to access@csu.edu.au.

1. Student details

Students to complete this section

Student name:.....

Student number:

Student signature:.....

2. Health practitioner information

Accredited medical or health care practitioner to complete this section. This information will be used to make recommendations for reasonable study adjustments to study for the student named above.

What is the relationship of the student to the person being cared for?

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What is the diagnosis of the disability, medical condition, mental health condition or the age and frailty (condition) of the person being cared for?

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Please indicate if the condition is:

Permanent Fluctuating Progressive

Temporary until ____/____/20____

What are the responsibilities of the student caring for this person?

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Degree of care required: High Moderate Low

Any further comments:

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Name:

Profession:

Telephone or email:

Signature:

Date:.....

Practitioner number:.....

Practitioner stamp (if applicable):

Privacy and Health

The personal information you provide on this form to Charles Sturt University is governed by the Privacy and Personal Information Protection Act 1998 (NSW) and Health Records and Information Privacy Act 2002 (NSW). The personal information you provide will not be made available to any other person or organisation outside of the University or for any other purpose without your consent or where authorised by law, and will be disposed of in accordance with Government regulation. If you are unhappy with the way we have handled or failed to handle your personal information you may apply to have the matter reviewed by lodging a formal application to the University Secretary whose address is given below. The University Secretary, Charles Sturt University, The Grange, Panorama Ave Bathurst, NSW Australia 2795.