



## Disability Support Services Carer Registration Form

Use this form if you 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 dependent on you for ongoing care. It will need to be **completed by the health professional treating the person receiving care.**

If you are providing a letter from the health professional instead of using this form, it must be current, on the provider's letterhead with the provider's signature and address:

- information about the condition of the person for whom you care
- whether their condition is permanent, fluctuating or temporary
- a statement describing the care the person depends on you for
- how your study may be impacted by these caring responsibilities

PLEASE NOTE: A carer is a person who provides personal care, support and assistance to another person who needs it because that other person has a disability, medical condition, mental health condition or is aged and frail, and that person is substantially dependent on the carer for ongoing care.

A person is NOT a carer merely 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 2012).

### Health professional treating the person receiving care to complete and sign:

Student name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Name and qualification of the health professional: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Please state the nature of the disability, medical condition, mental health condition, or the age and frailty (condition) of the person being cared for:

\_\_\_\_\_

Please indicate whether the condition is:

Permanent       Fluctuating       Temporary until \_\_\_/\_\_\_/20\_\_\_

Please explain the responsibilities of the student in caring for this person:

\_\_\_\_\_

How does the condition impact on the student's study?

\_\_\_\_\_

\_\_\_\_\_

Health professional's signature: \_\_\_\_\_

This form is valid until the end of the calendar year in which it is completed.



Health Professional's Stamp or Provider Number with contact details (compulsory)

## Student to complete and sign:

Student ID number: \_\_\_\_\_ campus: \_\_\_\_\_

Preferred contact phone number: \_\_\_\_\_

**Students are required to make an appointment with Disability Support Services to register with the service. Appointments can be made by calling 03 9905 5704 or emailing [disabilitysupportservices@monash.edu](mailto:disabilitysupportservices@monash.edu)**

To register a completed copy of this form (or original documentation provided by a qualified, relevant health professional) must be given in person or posted to:

Disability Support Services  
Campus Community Division  
Level 1 Western Annexe, 21 Chancellors Walk  
Monash University Clayton Campus  
Victoria 3800, Australia  
Website: [monash.edu/disability](http://monash.edu/disability)

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## Disability Support Services Privacy statement

This information is collected for the primary purpose of assessing the need for, developing, communicating and providing carer reasonable adjustments. A student can limit the information they provide Disability Support Services or choose not to provide consent to share information, but this may restrict the capacity to assess and provide reasonable adjustments.

You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of personal information, please contact the University Privacy Officer at [privacyofficer@monash.edu](mailto:privacyofficer@monash.edu)

## Student declaration

I have read the Disability Support Services Privacy Statement, and understand that my personal details held by Disability Support Services may be released to persons outside the Disability Support Services except where this is considered to be necessary to provide reasonable adjustment, and otherwise in accordance with the law (see the Privacy Statement at: [monash.edu/disability/privacy.html](http://monash.edu/disability/privacy.html)).

I hereby give permission for Disability Support Services to communicate with treating health professional/s, the Examination Unit organising my assessment, my lecturers, my tutors, faculty staff responsible for the administration arrangements necessary to support the adjustments and related arrangements proposed for me, and to access the Monash University student database to verify my enrolment details. I understand I can revoke this consent in writing at any time.

Student signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_