

Access to Assistance for Students with Disabilities / Health Conditions

and

College of Health & Medicine Safety in Practice Health Assessment Student Compliance

Combined Information and Report Forms Package

Contents

1. Instructions	1
2. Health Assessment form	2
3. Access to Assistance for Students with Disabilities / Health Conditions	5
4. Health Practitioner's Report form	6

Instructions

Introduction

This Combined Information and Report Forms Package (**Pack**) is for students with disabilities/health conditions enrolled in College of Health and Medicine (CHM) courses that include a professional experience placement (PEP) component. All CHM students undertaking PEP courses are required to establish and maintain their capacity to safely undertake the **mandatory functional requirements** via the CHM [Safety in Practice Compliance and Risk Assessment Process](#). Students with disabilities/health conditions can meet this Safety in Practice compliance requirement, which includes a PEP support 'needs assessment' component, and apply for a Learning Access Plan (LAP) by having the two forms completed together.

The advantages of having the **CHM Health Assessment** and **Health Practitioner's Report Forms** completed together are as follows:

1. It will assist the health practitioner to assess each student's capacity to meet both the theoretical, social and practical aspects of their course.
2. It will be more efficient and cost effective for the student as it will require a single consultation with the health practitioner instead of two.

How to Complete the Report Forms

Student

Read and follow the directions listed on each report form and complete **fully** the student detail sections. Take this **Pack** to your health practitioner for completion of both report forms.

Practitioner

1. Health Assessment Form

Please evaluate and declare the student's capacity to safely undertake the **mandatory functional requirements in relation to the condition/s and medications disclosed by the student** in Section 1 of the Health Assessment Form.

2. Health Practitioner's Report Form

Please provide information relating to the functional implications of the disability or health condition on the student's capacity to access and participate in academic study.

How to Submit the Completed Reports

1. The student scans and uploads **both reports** into **InPlace**, the CHM student PEP management system.
2. The student emails Disability.Services@utas.edu.au, providing their full name and Student ID number, to request an appointment and with their **Health Practitioner Report or learning disability assessment report** attached.

Note: Under Provision 4.4.1 of the University [Privacy Policy](#), students' Personal Information can be disclosed to staff members who require that information for the performance of their duties.

Health Assessment Form

This form is to be completed **if you have made a disclosure in Section 9** of the Safety in Practice Agreement or have been advised by your Head of Program that this check is required. The Head of Program, in conjunction with the Manager, Professional Experience Placement (PEP) Safety in Practice, can also request an assessment from an independent health practitioner in cases where a student has been withdrawn from PEP or additional information is received.

Complete the first page of this form and ask your health practitioner to complete the subsequent pages before **signing, scanning and submitting into [InPlace](#)** in the **Health Assessment** field.

In accordance with the University of Tasmania [Health and Safety Policy](#), all students intending to undertake professional experience placement (PEP) are required to establish and maintain their medical, physical and psychological capacity to practise safely.

Personal Information Statement

Your personal information is being collected by the University of Tasmania for the purpose of establishing your capacity to participate safely in professional experience placement. Your personal information will only be used for the purposes outlined above and in accordance with the University's [Privacy Statements](#) and disclosed only to the following persons or organisations:

- employees of the University who require the information to properly carry out their duties;
- professional experience placement providers for implementation of reasonable adjustments;
- Australian Health Practitioner Regulation Agency (AHPRA) – only if required under the AHPRA mandatory reporting guidelines.

The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Personal Information will be managed in accordance with the *Personal Information Protection Act 2004, Privacy Act 1988 (Cth)*, the University of Tasmania's *Privacy Policy* and Privacy Statements which can be accessed at www.utas.edu.au/privacy. For information on how your personal information is being used or stored or to access your personal information, please refer to the link above. You also have the right to request access to your personal information held by the University in accordance with the [Right to Information Act 2009 \(Tas\)](#) and the [Government Information \(Public Access\) Act 2009 \(NSW\)](#).

Please undertake the Health Assessment below and upload this form into the [InPlace](#) Health Assessment Field.

Health Assessment

SECTION 1: MUST be completed by the Student

It is recommended this assessment be undertaken by the student's regular medical practitioner wherever possible.

I ID hereby give my authority for
(Practitioner's Name) and the authorised delegate of College of Health and
Medicine to transfer information relating to my capacity to safely undertake professional experience placement in
a College of Health and Medicine course. **I disclose that I:**

- **Experience/have the following medical, physical or psychological condition/s**

.....
.....

- **Take the following medications**

.....
.....

Signed: Date: (Student's Signature)

Medical Practitioner Declaration

SECTION 2: To be completed by the Medical Practitioner

Dear Practitioner,

The University of Tasmania requires all students to declare or, where necessary, **establish via health assessment** their capacity to safely participate in professional experience placement.

The student above has disclosed in **Section 1 of this form** that they have a medical, physical or psychological issue which could impair their capacity to safely undertake professional experience placement.

All students who intend to participate in laboratory, workplace simulation environments and undertake professional experience placements are required to establish and maintain their medical, physical and psychological capacity to practise safely.

College of Health and Medicine courses contain **mandatory functional requirements** to be practised by all students. Could you please assess and declare the student's capacity to safely undertake the following **mandatory functional requirements in relation to the condition/s and medications disclosed by the student in Section 1 of this form and/or other issue** (e.g. injury involving return to work cover)?

Thank you for your time and consideration.

Note: Please refer the student to a relevant healthcare professional for further assessment if required.

1. Capacity to read and write to enable the student to:

- read and understand patient/client records, charts and/or medication labels and dosages;
- accurately record patient/client notes and communicate written information.

2. Capacity to undertake critical thinking and reflective analysis to:

- self-evaluate and reflect upon one's own practice, feelings and beliefs and the consequences of one's actions for individuals and groups.

3. Capacity to communicate to enable the student to:

- interact with patients/clients and health practitioners in a professional setting;
- accept instruction and professional criticism;
- question directions and decisions which are unclear; and
- resolve conflict and negotiate with staff and patients/clients.

4. Psychological capacity to:

- understand the importance of and demonstrate the professional attributes of honesty, integrity, critical judgement, insight and empathy;
- interact with patients/clients, carers and others in a caring, respectful manner to provide emotional support and health education; and
- maintain self-control in professional situations.

5. Physical capacity to:

(5. N/A for Postgraduate Counselling and Psychology students)

- use technical equipment, which includes having the dexterity to undertake clinical procedures and handle, maintain and program equipment;
- apply clinical procedures (e.g. physical examination, wound management), support patients/clients and perform cardiopulmonary resuscitation (CPR); and
- manage essential clinical equipment and materials.

Please contact Mike Plakalovic (03) 6324 3358 at the College of Health and Medicine if you require clarification.

Medical Practitioner Declaration

This page must be completed with reference to pages 1 and 2.

1. How long has this student been your patient or a patient of your practice?

2. Diagnosis:

Note: If this student has a mental health condition, where it may be difficult to ascertain the current implications of the condition, can you please provide the following information:

Date of last episode:

Student’s understanding of their condition relating to Mandatory Functional Requirements 3 and 4:

.....
.....

3. Do you believe this student has the capacity to safely undertake these functions at present?

Yes

No

If No, when do you believe they will have the capacity?

.....
.....

4. Do you have any concerns that this student’s capacity to safely undertake these functions is impaired?

Yes

No

If Yes, would you please describe these concerns?

.....
.....

5. Would you please describe any recommendations to the College of Health and Medicine that you believe will assist this student to safely undertake these functions?

.....
.....
.....

6. Would you please describe any specialised equipment/resources that may assist this student to safely undertake these functions?

.....
.....

7. In accordance with specific Course Requirements, students are allocated to professional experience placements subject to availability and are generally required to relocate to a region away from their place of residence for at least one of their placements. Is there any specific medical reason why this student cannot relocate for placement?

Yes

No

If Yes, would you please describe the reason?

.....
.....

Name of Practitioner:

Provider Number:

Date of Medical Check:

Phone:

Email:

Address:

Signature:

Access to Assistance for Students with Disabilities/Health Condition

UTAS provides specialist services, study and assessment accommodations for students with a disability and/or health condition in order to facilitate equal access to learning. Students who need support and study adjustments are required to provide documentation from a health practitioner or if diagnosed with a Learning Disability, required to provide a psychological educational/psychometric assessment from a relevant practitioner (e.g. School or Educational Psychologist). For a full description of adjustments and services available at UTAS, or to contact a Disability Adviser, please see www.utas.edu.au/students/disability

Applying for study and assessment adjustments

- Meet with your health practitioner to complete the following Health Practitioner's Report (HPR) or provide a copy of a psychological educational/psychometric assessment completed no earlier than senior schooling years.
- Submit completed HPR or learning disability assessment when you make an appointment with the Disability Adviser.
- The Disability Adviser will assist you to identify options for reducing the impact of your disability on study in consultation with academic staff.

Disability Service Personal Information Statement

Your personal information is being collected by the Student Wellbeing team on behalf of the University of Tasmania for the primary purpose/s of providing disability-related services and course adjustments. Failure to provide this information may result in you not receiving course adjustments or services to alleviate the implications of your disability on your study. Your personal information will only be used for the primary purpose for which it is collected and disclosed only to the following persons or organisations:

- employees of the University who require the information to properly carry out their duties, which includes Safe to Practice requirements for Professional Experience Placements; and
- Department of Education and Training as part of the regular statistics collection of recorded disability type.

The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Personal Information will be managed in accordance with the Personal Information Protection Act 2004, and the University of Tasmania's Personal Information Privacy Policy. For information on how your personal information is being used or stored, or to access your personal information, visit the University's website at www.utas.edu.au or contact the University on 1800 817 675. You also have the right to request access to your personal information held by the University in accordance with the Freedom of Information Act 1991 (Tas).

Health Practitioner's Report – Form Overleaf

Health Practitioners must provide relevant information regarding the functional implications of the disability or health condition on the student's capacity to participate and access study. Implications may include difficulties with processing visual/aural information, concentration, fatigue, pain, mobility, physical dexterity and social interaction. The Disability Adviser will refer to the implications documented in this form in collaboration with the student to identify appropriate services and accommodations that may include alternative exam conditions.

A release of information clause is also included on the form for the student to complete.

CONFIDENTIAL – Health Practitioner’s Report

Student ID

I, hereby give authority for
(Student’s Name) (Practitioner’s Name)

to release information relating to my disability and/or health condition to the Disability Service at the University of Tasmania. I also authorise the Disability Service to contact the practitioner below to clarify these supports as required.

Signature: Date:/...../20.....
(Student’s Signature)

If you have had any special provisions for TCE Examinations provided through the Office of Tasmanian Assessment, Standards & Certification (TASC), please attach a copy of the letter to this report. Alternatively, tick the following box to allow the University of Tasmania’s Disability Service to contact TASC.

HEALTH PRACTITIONER TO COMPLETE:

Nature of disability / health condition: *Please also attach any existing specialist reports.*

Indicate the category(ies) of impairment:

Hearing Vision Medical Mobility Physical Neurological Learning Disability Mental Health

Expected approximate duration of disability/health condition:

Long-term (2 or more years) Medium-term (approx. 6 – 18 months) Short-term (no more than 13 weeks)

Impact of disability/health condition/medication on study at UTAS, including performance in lectures, tutorials, laboratories, work placement and assessment or exam situations.

Please consider: reading, writing, listening, cognitive processing, concentration, interaction, sitting tolerance, stamina, mobility, parking requirements, seating requirements, accessing library resources etc.

Recommendations for study adjustments and/or accommodations

Please recommend any adjustments and/or accommodations which you believe would assist the student to complete their studies and provide additional details where relevant.

Health Practitioner details

Name and Profession:

Address:

Contact number: Email:

Practitioner’s Signature: **Date:**/...../20.....