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. Phone 1800 817 675 or visit www.utas.edu.au/appointments to book appointment.
- 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 .................................................................

(Students 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.............

(Students 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:**

<table>
<thead>
<tr>
<th>Nature of disability / health condition:</th>
<th>Please also attach any existing specialist reports.</th>
</tr>
</thead>
</table>

**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.............