

Disability Documentation Form

Student Counselling and Support

DISABILITY DOCUMENTATION FORM

The student are required to provide documentation of a disability from a relevant professional, before they are eligible to receive supports. In order to attain relevant disability-specific information, this form will need to be filled out by a Qualified Health Professional. The information provided will remain confidential and be used by the counsellors at Swinburne Sarawak to negotiate appropriate academic supports for students.

STUDENT DETAILS

FULL NAME	
STUDENT ID NUMBER	
CONTACT NO.	
PROGRAM	

QUALIFIED HEALTH PROFESSIONAL

FULL NAME	
POSITION	
DATE OF REPORT	

This report must be accompanied by the Qualified Health Professional's stamp or business card:

DISABILITY INFORMATION (TO BE COMPLETED BY QUALIFIED HEALTH PROFESSIONAL)

DISABILITY TYPE (PLEASE TICK)	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Vision impairment
	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Neurological Condition
	<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Physical Disability
	<input type="checkbox"/> Medical Condition	Other:
DIAGNOSIS		
DURATION	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Temporary <input type="checkbox"/> Fluctuating

How does the disability/medical condition impact on the student's ability to study and participate?
(E.g. fatigue, concentration, pain etc.)

What recommendations would you make for reasonable adjustments to enable equal participation?
(E.g. Extra time, use of computer for examinations – please state amount, adaptive equipment etc.)

SIGNATURE

DATE

Privacy:

Swinburne University of Technology Sarawak Campus collects, uses and destroys personal data in accordance with our Privacy Collection Notice at <http://www.swinburne.edu.my/privacy/>.

Please return completed form together with any other relevant information to:

Swinburne University of Technology Sarawak Campus

Student Counselling & Support

Jalan Simpang Tiga

93350 Kuching

Sarawak Malaysia

OFFICE USE ONLY

Date Received

Received by

* NOTE: Please make sure you keep a copy of this form for your personal records.