

Student Number:

## STUDENT ACCESSIBILITY & INCLUSION CARER REGISTRATION FORM

The University may provide reasonable adjustments for students who meet the requirements of a Carer as defined by the *Carer Recognition Act 2010* (NSW).

This requested information will assist the Student Accessibility and Inclusion Services determine eligibility as a Carer so that appropriate arrangements and support can be provided.

## **Student to complete:**

Name of Student:

**AUTHORITY TO RELEASE** 

hereby	/ authorise					
Name of Practitioner:						
to release information to Stu	ident Accessibility &	Inclusion at the University of Wollongong.				
Student signature:	Date:					
Relationship to the person being cared for:						
Health Care Professional to co	mpleted by the health practitic					
		AHPRA				
Name of Practitioner:		Provider Number:				
Address:						
Postcode:						
Phone:						
<b>□</b> GP	☐ Specialist	☐ Other Health Practitioner				
Signature:		Date:				

	P	

student-access@uow.edu.au

Is the applicant a Carer of a person who has a disability, medical or mental health condition, or is recognised as frail and aged as defined by the Carers Recognition Act?					
☐ Yes ☐ No					
Indicate timeframe of the condition of the person whom the stude	ent is providing care for:				
☐ Permanent/Long term ☐ Temporary/Short term					
Please indicate the nature of care provided by the carer:					
<ul> <li>Physical/personal care</li> <li>Activities of daily living/ managing personal affairs</li> <li>Attending appointments</li> <li>Other (provide details)</li> </ul>					
Please indicate how many hours the carer is likely to spend on ca	aring responsibilities:				
Hours per week Hours per day					
Other (provide details)					
Other (provide details)  Please indicate how the caring responsibilities may impact the ca	rer's studies:				
	rer's studies:				

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website.

Authorised by:

Document Owner: