



Health Professional Report

SPECIAL NEEDS OFFICE

University of New England
C33 Lamble Building – West Wing
Armidale NSW 2351
Phone: (02) 6773 2897
Fax: (02) 6773 4400
Email: AskUNE or disabilities@une.edu.au

STUDENT DETAILS

Full Name:

Student Number:

Course:

The student needs to attach this report to their [UNE Special Needs Registration](#).

The Special Needs Office provides advice and assistance to students who may require reasonable adjustments¹ related to a disability or other health condition, to enable them to participate in UNE studies on the same basis as other students, whilst maintaining the academic and other inherent requirements of the course.

Although students do not have to disclose their disability or medical condition to the University, students requesting consideration and support on the basis of a disability or health condition are required to provide the University with relevant medical documentation from an accredited health professional. The reasons for this requirement are:

1. To validate the existence of the disability, health condition.
2. To provide the University with guidance regarding the effects of the disability or health condition
3. To advise of any recommended adjustments that would be appropriate in minimising its impact on study, according to the [2005 Disability Standards for Education](#).
4. To assist the University to comply with the [Commonwealth Disability Discrimination Act \(DDA\) 1992](#).

The personal information provided will be protected in accordance with the [UNE Privacy Management Rule](#) and will be used by the University to provide reasonable adjustments and advice to students in relation to a disability or health condition.

¹ This includes adjustments for the person's carer, assistant or assistance animal.

ACKNOWLEDGEMENT AND DISCLOSURE OF PERSONAL INFORMATION

1. I hereby acknowledge and agree that the University of New England (UNE) may disclose information in my health professional report or other information that I provide relating to my disability and/or health condition(s) to:
 - a. other parts of the University (including unit or course co-ordinators) to assist with identifying and providing reasonable adjustments for my disability; and
 - b. practicum, field and clinical placement providers, to assist with identifying and providing reasonable adjustments for my disability whilst I undertake such activities.
2. I also acknowledge and agree that a Special Needs Adviser may contact my medical practitioner for clarification or further information, if required.
3. I acknowledge and agree that the provision of this information is voluntary and if it is not provided or is inadequate, the University may be unable to identify and implement appropriate adjustments.
4. I acknowledge and agree that I will provide updated medical information upon reasonable request by the Special Needs Office or if my medical circumstances change. I acknowledge and agree that if I do not respond within the requested timeframes to such requests, the University may not be able to identify or provide reasonable adjustments in a timely manner.
5. The Special Needs Office understands the often sensitive nature of the information that may be disclosed to it and respects the privacy of that information. I acknowledge that the personal information provided in relation to my registration with the Special Needs Office will be collected, used, managed and protected in accordance with the University Privacy Management Rule. I may access and correct my personal information by contacting disabilities@une.edu.au.

Signed:

Date:

THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY AN ACCREDITED HEALTH PRACTITIONER:

I declare that I am not a close relative or associate of this student (i.e. partner, spouse, child, sibling, parent, extended family member, neighbour, partner of child or colleague).

Name of Practitioner:

Provider Number:

Profession:

Phone:

Email:

Signature:

Practitioner's Stamp



To be completed by an accredited health professional ONLY

Disability/Health Condition Information

Diagnosis:

Brief description of condition/s:

Disability Type (tick all that apply)

- | | | | | |
|---|---|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Physical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Chronic Illness or disease | <input type="checkbox"/> Neurological (e.g. Autism Spectrum Disorder) | | | |

Prognosis

The student's condition is expected to resolve/improve/be well managed within

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 12 months |
|-----------------------------------|-----------------------------------|------------------------------------|

or

The student's condition is ongoing (this includes conditions that are stable, fluctuating or degenerative)

How long have you been treating this student?

Online Learning

UNE teaches in oral and written English. Most teaching materials are provided to students using an online system and students are required to have access to a computer and the internet.

Does the student's disability/health condition impact on their participation in online teaching environments via provision of online teaching materials or interaction in online discussions or other?

- | | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

If 'yes', please comment on the limitations based on the student's disability:

Lectures, Tutorials, Intensive Schools, Workshops & Fieldwork

Participation in lectures, tutorials, intensive schools, workshops and field work is a requirement for some UNE courses.

Does the student's disability/health condition impact on their ability to access and/or participate in lectures, tutorials, intensive schools, workshops & fieldwork?

If so, please provide details:

Learning Material - Hardcopy

Does the student's disability/health condition prevent them from using textbooks and other hardcopies of study material?

No Yes

If 'yes', please provide details:

The UNE Special Needs Office may provide the student with electronic copies of their study material. This is provided in PDF format, unless another format is requested.

Does the student use assistive technology, such as 'Dragon Naturally Speaking', 'Read & Write Gold' etc?

No Yes Please specify:

Students are expected to have developed the skills in using their technology before commencing their studies at UNE.

Learning Material - Aural

Does the student have a hearing impairment that prevents them from hearing aural material?

No Yes

If 'yes', online aural material (podcasts etc) may be transcribed and provided to the student in MS Word format.

If 'yes' above and attending lectures, which reasonable adjustments are most appropriate for the student:

(tick all that apply)

Instant captioning (student will need to have a laptop capable of displaying instant captioning)

T-Loop in lecture theatres

Staff and other students facing student when speaking to them

Electronic copies of lecture slides and notes

Other Please specify:

Assessments

Does the student's disability/health condition impact on their ability to complete online assessments, including timed assessments?

No Yes

If 'yes', please comment on the limitations based on the student's disability:

Does the student's disability/health condition prevent them from submitting assignments within the required timeframes?

No Yes

If 'yes', please comment on the limitations based on the student's disability:

Does the student's disability/health condition prevent them from undertaking invigilated examinations?

Please note that invigilated examinations are a requirement for some units.

No Yes

If 'Yes', please comment on the limitations based on the student's disability:

Does the student require adjustments during invigilated examinations?

Extra time to complete and/or have rest breaks (including to move around etc)	No	Yes
Separate room or small group	No	Yes
Level access to examination venue	No	Yes
Use of own computer	No	Yes
Use of own assistive technology	No	Yes
Use of own ergonomic furniture	No	Yes
Reader	No	Yes
Scribe	No	Yes
Seated close to toilets	No	Yes
Permission to administer medication/check insulin levels	No	Yes
Enlarged examination paper	No	Yes
Coloured examination paper	No	Yes
If Yes, what colour		

Professional Experience/Work placements

Professional experience is a requirement for some courses.

Does the student's disability/health condition have an impact on them completing professional experience/work placements?

No Yes N/A

If 'yes', please comment on the limitations based on the student's disability:

Are there any adjustments that may assist the student in completing their professional experience/work placement?

The student will need to discuss specific adjustments with their Professional Experience/Placement Coordinator.

Health Management Plan

Does this student require a health management plan, in case the student experiences an adverse health reaction on campus or during invigilated examinations?

No Yes

If yes, could you please fill out a Health Management Plan on the form over page.

Additional Information

Please provide any additional information that may assist the student in succeeding in their studies:

Thank you for your assistance in providing this documentation. This will greatly assist the UNE Special Needs Office in assessing and negotiating reasonable adjustments for this student to allow their equal participation at UNE.



UNE Student Health Management Plan

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This document is to be completed by an accredited health professional, if a student has a health condition, which may require a Health Management Plan. This information will be kept on the student's file at the Special Needs Office, so that we have this information, should we become aware of an incident.

It is the student's responsibility to provide a copy of this Student Health Management Plan to unit coordinators, exam supervisors, lecturers, professional placement coordinators and other appropriate staff, prior to each session, as required, to ensure the student can be supported appropriately in the event of an adverse health reaction. The student may also provide this Plan to third parties such as practicum, field and clinical placement providers.

Please refer to the privacy information on the front of the Health Professional Report. The information provided in this Health Management Plan may be shared with external providers only to meet OH&S requirements.

Student Name:

Student Number:

Course enrolled:

Health Condition/s (optional):

Symptoms a student may be experiencing during an adverse health reaction:

Student's self-management or prophylactic measures to avert the reaction:

What staff/fellow students should do:

What staff/fellow students should NOT do:

Signature of health professional providing this Health Management Plan.

Professional's Name:

Professional's Signature:

Date: