

Student Accessibility and Equity

Carer Registration Form



The Student Accessibility and Equity Service provides support to any student who is the primary carer of a person with a disability, illness, medical or mental health condition and requires assistance.

A carer is defined by the Carer Recognition Act 2010 as “people who provide personal care, support and assistance to another individual in need of support due to disability, medical condition, including terminal or chronic illness, mental illness or is frail and aged.” For more information, please review the [Carer Recognition Act 2010 Guidelines](#).

The Student Accessibility and Equity Service requires medical information from a qualified treating health professional as part of the registration process. Information shared on this registration form is used exclusively to assist the Student Accessibility and Equity Service and relevant CQUniversity staff (where required) to provide the most appropriate support.

STUDENT DETAILS

Name

Student number _____ Do you identify as Aboriginal Torres Strait Islander

I give permission for this treating health professional report to be provided to the Student Accessibility and Equity Service at CQU

I have read and understood the privacy statement on each page of the form

Signature

Date / /

Relationship details: Details of your relationship with the person being cared for

<input type="checkbox"/> Child/Grandchild <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	How long have you been the primary carer? _____ _____
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IMPORTANT PRIVACY INFORMATION: Personal information is collected, used and stored by CQUniversity to facilitate your studies and related activities. Commonwealth and state departments require certain information about student details and activities to be reported or disclosed by the University. Any other provision of your information will only be as authorised by you or required by law and in accordance with the Information Privacy Act 2009 Qld and the University's Information Privacy Policy and Procedure.

TREATING HEALTH PROFESSIONAL REPORT

Practitioner name	
Profession	
Address	
	Postcode

Practice stamp and provider number

Please provide details of the person's disability, illness, medical or mental health condition. Attach supporting documentation if required.

	Date of Diagnosis:	

Expected Duration:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Permanent
	Expected date of recovery: _____	Next review date: _____	Is there any expectation of change in symptoms over time? _____

Caring responsibilities/Impact on studies

Please provide information explaining the carer responsibilities and likely impacts on studies

TREATING HEALTH PROFESSIONAL REPORT (CONTINUED)

Reasonable Adjustments

Please indicate what supports would benefit this student given their carer responsibilities

- Assignment extensions
- Alternative exam arrangements (e.g. scheduling during exam period, rest breaks, additional time)
- Advocacy for specific placement conditions (e.g. location)
- Alternative assessments to support participation in group work

- Other (please provide details in text box below)

Treating Health
Professional's
signature

Date / /

Please return completed documentation to: CQUniversity Australia, Student Accessibility and Equity,
Building 31, Level 1, Bruce Highway, Rockhampton Qld 4702 Email: accessibility@cqu.edu.au