
# DISABILITY LIAISON UNIT

# CARER SUPPORTING DOCUMENTATION FORM

Use this form if you are the primary carer of a person with a disability, long-term illness and/or mental health condition and wish to organise DLU support. You will need to fill out section A and ask a health practitioner/provider to fill out section B.

This form will need to be updated each year that you require support from the DLU. Submit this form and the Registration/Confidentiality Form at a consultation with the DLU.

If you are providing a letter from your health practitioner/provider instead of using this form, it must be current and include:

* information about the condition of the person you are caring for
* whether their condition is permanent or temporary
* how your study may be impacted by your caring responsibilities
* your health practitioner’s/provider’s official letterhead.

## SECTION A: TO BE COMPLETED BY STUDENT

Given name:

Family name:

RMIT student number:

## SECTION B: TO BE COMPLETED BY HEALTH PRACTIONER/PROVIDER OF THE PERSON YOU ARE A PRIMARY CARER FOR

A ‘primary carer’ is defined as a person who provides the most informal assistance, in terms of help or supervision, to a person with a disability, long-term illness and/or mental health condition. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the activities of daily living, which include cognition or emotion, communication, health care, housework, meal preparation, mobility, paperwork, property maintenance, self-care and transport. This definition is from the 2003 Australian Bureau of Statistics Survey of Disability, Ageing and Caring.

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| **Provider stamp:** |

Practitioner/provider name:

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Address:

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Name of disability, long-term illness and/or mental health condition of person being cared for:

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Indicate duration of the condition of the person being cared for:

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| --- | --- |
| Permanent |  |
| Temporary |  |
| If temporary, please state date of expected recovery |  |

Indicate impact of carer role on student:

|  |  |
| --- | --- |
| Fluctuating |  |
| Constant |  |
| Improving |  |
| Degenerating |  |

How does the disability, long-term illness and/or mental health condition impact on the career/student’s study? For example, fatigue, loss of concentration and attendance.

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I, the health care practitioner/provider, confirm that the above-mentioned student is a primary carer for a person with disability, long-term illness and/or mental health condition.

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| --- | --- |
| Signature: Signature |  |
| Date:Date Date |  |