

# Equitable Learning Services

## Carer registration and 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 Equitable Learning Services 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 Equitable Learning Services.

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### Confidentiality and privacy statement

This form gives Equitable Learning Services permission to store and communicate necessary information about you. Before signing the form, please read the information below. If you have any questions, please contact us via RMIT Connect on 9925 5000. Submit this form at your Equitable Learning Services consultation.

Equitable Learning Services stores and communicates student information according to the requirements of the Information Privacy Act 2000 and, where health information is concerned, the Health Records Act 2001. We will use this information to:

- register you with Equitable Learning Services
- determine and organise services for you
- provide the Commonwealth and state governments statistical data for funding purposes (only RMIT student numbers are provided)

We will protect the confidentiality of information as required by the legislation. It may be necessary to discuss information that you have provided with RMIT staff outside Equitable Learning Services or with an agency external to the University e.g. Open Universities Australia (OUA). The information disclosed will be kept to a minimum and those receiving it will be aware that it is given in confidence.

For more information, please read RMIT's information privacy policy at <http://www.rmit.edu.au/privacy>

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### Section A: Student details

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Student number: \_\_\_\_\_ Telephone: \_\_\_\_\_

*By signing this form, I acknowledge that I have read and agree with the privacy and confidentiality statement and I authorise Equitable Learning Services to seek information from my health practitioner or provider.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Do you identify as an Australian Aboriginal and/or Torres Strait Islander?

Yes

No

I do not wish to disclose

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**Section B: to be completed by practitioner or health care provider of the person for whom you are the primary carer.**

Provider stamp/number

*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 must 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.*

Practitioner's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Indicate condition of person being cared for:

- Hearing       Vision       Physical       Neurological  
 Medical       Mental health       Other: \_\_\_\_\_

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

- 6 months       1 year       2 years       Ongoing

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 carer/student's study?  
(for example, fatigue, loss of concentration and attendance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Practitioner's signature: \_\_\_\_\_

Date: \_\_\_\_\_