

# Access and Inclusion Support Form



**CONFIDENTIAL**

**Relevant professional (for example, doctor or psychologist) to complete.  
Student to return to Access and Inclusion.**

This information will be used to determine reasonable adjustments for the student's study at Charles Darwin University. Student confidentiality is protected under Charles Darwin University's *Privacy and Confidentiality Policy*.

Student Name:	
Student Number (if applicable):	
Date of Birth:	

Professional's Name:		Treating professional's stamp	
Profession:			
Provider Number:			
Phone Number:			
Email:			
Signature:			Date:

## Professional's Report

1. What is the circumstance affecting the student (disability, medical or mental health condition, carer responsibilities, domestic or family violence, emergency volunteer, Defence Reservist, or cultural or religious observance)?

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2. What is the anticipated duration? \_\_\_\_\_ OR ongoing

### 3. How does the circumstance impact access to, and participation in, study?

Please consider the following:

- (1) lectures and tutorials.
- (2) written tasks, including examinations and assignments.
- (3) oral presentations.
- (4) practicums, placements, labs and/or fieldwork.
- (5) digital learning, including use of websites, software and computers.
- (6) accessing learning materials, including by listening and reading.
- (7) concentration.
- (8) communication with staff and students.
- (9) mobility on campus and in class.

### 4. Please provide recommendations for reasonable adjustments.

Please consider the list in question 3.

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#### **Contact**

**Email:** [inclusion@cdu.edu.au](mailto:inclusion@cdu.edu.au)

**Telephone:** (08) 8946 6288

**Website:** [www.cdu.edu.au/equity-services/disability-services](http://www.cdu.edu.au/equity-services/disability-services)

Thank you for your assistance.