BOND UNIVERSITY

CONFIDENTIAL

STUDENT SERVICES
Bond University
University Drive, Robina
Queensland 4229 Australia

Specialist Supporting Certificate Application for Special Requirements

Student Services requires students to provide documentation of a disability from a relevant specialist before they are eligible to receive support. In order to attain relevant disability specific information, this form will need to be filled out by a Qualified Health Specialist Professional. The information provided will remain confidential and will be used by Student Services at Bond University to negotiate appropriate academic support for students.

1 Student Details

Surname or family name

Given name(s)

☐ Male ☐ Female

Student ID

Phone (include area code)

Course

2 Qualified Health Professional (SPECIALIST)

Title

Family name

Given name(s)

Position

Date of report

This report must be accompanied by the Qualified Health Professional's stamp or business card:

3 Disability Information (To Be Completed By Qualified Health Professional)

Disability type (Please tick)

☐ Hearing ☐ Medical ☐ Vision

☐ Learning ☐ Mobility ☐ Other

Diagnosis

Duration ☐ Ongoing/permanent ☐ Temporary ☐ Fluctuating

4 How does the disability/medical condition impact on the student's ability to study and participate? (e.g. fatigue, concentration, pain etc.)

5 Measures currently being taken to treat disability (e.g. medication, therapy)

6 What recommendations would you make for reasonable adjustments to enable equal participation? (e.g. extra time (please suggest amount), use of computer for examinations, assistive technology etc.)

7 Specialist's Signature and Date

Specialist's signature

/ /
Date

8 Student Signature and Date

- **I authorise the University or Medical Practitioner to contact the above practitioner to discuss or clarify these supports if required.**
- **I understand my application for special requirements is subject to approval by Bond University.**
- **I give permission for the release of relevant medical information to the appropriate University staff only.**

Bond University collects, uses and discloses the personal information required by this form for the purposes of assessing and processing your request and providing services to you. Bond University may also discuss the information on this form with the qualified health practitioners that you have nominated to support your application. If the personal information you provide to us is incomplete and/or inaccurate, we may not be able to assess your application, or provide you with the special requirements you are seeking. You may request access to the personal information we hold about you in accordance with our Privacy Policy, available at www.bond.edu.au/privacy.

Signature of student (or guardian if under 18 years old)

/ /
Date

Please return completed form together with any other relevant information to:

DISABILITY OFFICER, STUDENT SERVICES
Bond University,
Gold Coast, Queensland, 4229,
Australia
Email: disabilitysupport@bond.edu.au

OFFICE USE ONLY

Date received

Received by