

Medical practitioner or health care professional form

For RMIT Access applications

This form is to be used by RMIT applicants applying for the above equity scheme and is to be included as supporting documentation for online applications.

Applicant name: RMIT student number (if known):

Address:

To be completed by medical practitioner/health care professional

Practitioner name:

Health care practice name:

Address:

Applicant's disability or medical condition:

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How long have you been consulting this patient for this condition:

Indicate which category the disability/medical condition best fits into:

- hearing
 vision
 mobility
 learning
 medical
 mental health
 other
 Please specify:

The disability/medical condition is permanent, or temporary. If temporary please specify date that the condition will impact until:/...../.....

The disability/medical condition is (tick as many boxes as applicable)

long-standing
 fluctuating
 constant
 improving
 degenerating
 intermittent

How has the disability or medical condition impacted on the applicant's education or preparation for study to date?

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If more space is required please attach a second page to this document.

Date: Practitioner signature: