

Equitable Learning and Accessibility

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 (ELS) 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. Submit this form **prior** to your ELS consultation via els@rmit.edu.au.

Confidentiality and privacy statement

This form gives Equitable Learning Services (ELS) permission to store and communicate necessary information about you. Before signing the form, please read the information below. If you have any questions, please email us via els@rmit.edu.au.

We value your privacy and have a strong commitment to confidentiality. The ELS team stores and communicates student information according to the requirements of the Privacy and Data Protection Act 2014 and, where health information is concerned, the Health Records Act 2001.

The ELS team collects your personal information for the primary purpose of providing services and/or educational adjustments relating to your disability and/or conditions. We will use your information to:

- register you with the Equitable Learning Services;
- determine reasonable adjustments for you;
- provide statistical data to the Commonwealth and state governments for funding purposes (only RMIT student numbers are provided).

When arranging services or adjustments for you, it may be necessary for us to share your information with RMIT staff outside of the ELS team or with an agency external to RMIT (e.g. Open Universities Australia). This means that your Equitable Learning Plan and the functional implications of your condition(s) may be shared within the ELA team and with relevant RMIT and external agency staff on a need to know basis (such as your Educators, School administrators, Library Disability Liaison and the RMIT Examination and Assessments team). Please note any health/medical documentation provided is confidential and will not be shared.

Providing your information and consent (see below) is essential for ELS team and the University to provide reasonable adjustments to support you during your studies. You can request access to, and corrections of, any personal information collected about you by emailing us: els@rmit.edu.au. In some cases, however, we may require you to make a Freedom of Information (FOI) request. For more information on how we handle personal information, please refer to the [RMIT Privacy Statement](#).

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. I authorise Equitable Learning Services to seek information from my health practitioner or provider to verify the information. I declare that, to the best of my knowledge, all third-party documents that I provide are true and accurate.

Student signature: _____ Date: _____

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

Yes

I **GIVE** ELS permission to share my Equitable Learning Plan with RMIT's Ngarara Willim Centre staff to assist with referrals for any additional services/supports that may improve my experience as a student). Yes No

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:

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's role on student:

- Fluctuating
- Constant
- Improving
- Degenerating

How does the carer's responsibility 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: _____