

# Access and Equity Program Registration Form - Part B - Appropriate Qualified Medical Professional

Registration for the Access and Equity Program (AEP) is a two-part process.

- Part A is completed in full **by the student** via the Student Portal (eForm) applying for AEP registration.
- Part B (this Form) is to be completed in full (Sections 1-4) **by an Appropriate Qualified Medical Professional**.

Please Note – ‘Appropriate Qualified Medical Professional’ is defined under the ‘Conditions that may warrant academic adjustments’ section of the *Reasonable Adjustment Policy*

- When completing the eForm (Part A) via the Student Portal, the student **must** attach the **completed** Part B Form to / with their application.
  - Failure to attach the **completed** Part B Form will result in the application being **automatically declined**.
  - If you have any questions about this Form please email [accessandequity@endeavour.edu.au](mailto:accessandequity@endeavour.edu.au)

Once complete registration is received, the Academic Supervisor / Academic Administrator will draft a *Reasonable Adjustment Plan (RAP)* based on the recommendations specified in this AEP registration form. Please note:

- *Inherent Course Requirements* will not be comprised by inclusions in a RAP.
- Only those adjustments deemed reasonable will be implemented on an individual's RAP.
- Based on the presenting disability, mental health or medical condition the student may be required to attend a meeting to review their condition against *Inherent Course Requirements* and review the RAP.

## Part B - Appropriate qualified medical professional to complete in full

Dear Appropriate Qualified Health Professional,

### RE: Documenting the registration of disability, mental health or medical condition of one of your patients

Your patient has indicated that they have a disability, mental health or medical condition that may affect their ability to equally participate in their course or study with the College. To assist the development of a *Reasonable Adjustment Plan (RAP)*, we request information from you regarding the impact of your patient's disability, mental health or medical condition and request recommendations on how we might best support your patient in their studies in a tertiary learning environment.

The College's Access and Equity Program requires students to provide documentation of their disability, mental health or medical condition before they are eligible to receive support services. Your assistance in completing this form will assist your patient in receiving support from the College by way of approved reasonable adjustments in a learning environment.

Should you have queries relating to this Form please contact [accessandequity@endeavour.edu.au](mailto:accessandequity@endeavour.edu.au) or book a consultation with an Academic Supervisor via the LMS > Help > Consultations

## 1. Professional contact details

Title	Given name	Family name
Position title		
Provider number		
Practice address		
Suburb	State	Postcode
Contact number/s		

Please affix your business card or stamp here

## 2. Patient details

Patient legal name	DOB
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Patient medical diagnosis	
	Dated

Disability, mental health or medical condition details:		
<input type="checkbox"/> Neurological impairment	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Physical disability / difficulty
<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Psychological / emotional impairment / difficulty
<input type="checkbox"/> Illness	<input type="checkbox"/> Other: (include date)	

Duration of disability, mental health or medical condition:	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary and will impact patient (student) until (date):

Severity of disability, mental health or medical condition:

☐ Mild☐ Moderate☐ Severe

Status of disability, mental health or medical condition:

☐ Improving☐ Fluctuating☐ Constant☐ Degenerating

Patient is currently seeking treatment to manage their disability, mental health or medical condition:

☐ Weekly☐ Monthly☐ On a needs basis☐ No plan in place

### 3. Recommended adjustments

Adjustment/s	Yes / No	Details: Provide comment / explanation and the information required to support this request
<b>Technology</b>		
Use of assistive technology		
A recording of the lecture is to be provided (when possible)		
<b>Assessments / Assignments</b>		
Extensions for written assignments		
<b>Examinations / Quizzes</b>		
Deferred examinations		
Extra writing time (max 30 minutes)		
Adjustment to print size / font / paper colour		
Use of computer for examinations		

<b>Scheduling considerations (etc., time of day)</b>		
<b>Modifications to practical exams where applicable and appropriate</b>		
<b>Social Participation</b>		
<b>Modification to group or presentation-based activities</b>		
<b>Environmental conditions</b>		
<b>Seating arrangements</b>		
<b>Lighting requirements</b>		
<b>Sound requirements</b>		
<b>Other</b>		
<b>Attendance</b>		
<b>Flexible attendance requirements</b>  <b>Please note – Attendance waivers do not include waivers of any in class assessment. The student will be required to make up missed assessment items and to make up Clinical or Pre-Clinical classes as per the relevant</b>		

Attendance Policy (HE, VET, International).		
Other		

Provide any additional information and details that may be useful in the development of a *Reasonable Adjustment Plan (RAP)* to support your patient's studies


#### 4. Appropriate qualified medical professional declaration

I hereby certify that the documentation provided on and within this Form is correct to the best of my knowledge.

Appropriate qualified medical professional signature	Date
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**Attach any additional supporting documentation here**