



## CONFIDENTIAL STATEMENT OF SUPPORT – Disability or long term medical condition

This confidential statement of support is for applicants who have applied under the disability or long term medical condition equity group.

All applicants must have this statement completed by a relevant responsible person who can comment on the effect your circumstances has had on your education. Examples of a responsible person include: doctor, lawyer, social worker, counsellor or religious or community leader.

Current Year 12 students may also have this form completed by: School/College Principal, School counsellor, Year level coordinator, or Careers advisor.

Persons providing these statements must explain how the circumstances experienced by the applicant have affected their educational performance in the section provided. Persons completing this section **must not** be related to the applicant.

Please return completed forms to:

Coursework Scholarships Unit  
Monash Caulfield Service Centre  
PO Box 197  
Caulfield East, VIC 3145

### 1. Student Details:

Student Name:	
Date of Birth:	
Monash ID number:	
Scholarship Applicant ID:	

### 2. Provider details (please also provide your official stamp):

Name:			
Name of organisation and area of specialisation:			
Telephone:		Facsimile:	
Email:		Provider No:	
Stamp:			

