



## DOCUMENTATION REQUIRED FOR Disability Liaison Unit (DLU) SERVICES

Students requesting services from the DLU must provide documentation completed by a qualified professional who has comprehensive training and experience in the relevant field of Health / disability.

**Student Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

I consent for the information below to be released to the DLU

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / 20\_\_\_

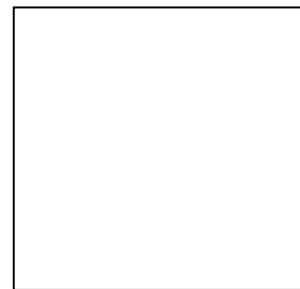
---

**To be completed by a qualified health professional:**

Name of Professional: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_



Professional's Stamp (compulsory)

---

• **Please indicate the category of impairment/condition:**

Hearing Impairment

Vision Impairment

Physical Condition

Medical Condition

Neurological Condition

Mental Health Condition

• **Please state the disability or long-term medical condition (optional):**

\_\_\_\_\_

• **How does the disability/condition impact on the student's ability to study?** (Eg. Fatigue, concentration, can't walk long distances etc.)

\_\_\_\_\_

\_\_\_\_\_

- **Recommendations for reasonable adjustments** (Eg. Flexibility in deadlines for assignments; extra time for examinations, equipment in exams):

- use of equipment ie: computer \_\_\_\_\_
- extra writing time of \_\_\_\_\_ minutes in each hour
- rest or movement of \_\_\_\_\_ minutes per hour
- flexibility in assignment deadlines
- other (specify): \_\_\_\_\_  
\_\_\_\_\_

- 
- **Please indicate whether the disability/condition is:**

- Fluctuating  
ie. Chronic Fatigue Syndrome
- Short Term  
ie. Broken arm
- Permanent  
ie. Muscular Dystrophy

- **Please tick how long the documentation is valid for:**

- Short term: \_\_\_ Weeks
- 6 months
- 12 months
- 2 years
- 3 years

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Please attach any additional documentation that may be beneficial in accommodating the student at university.**

**Students should make an appointment with the Disability Liaison Unit to discuss the accommodations recommended on this form and to formally register with the service. Appointments can be made by calling 03 9905-5704 or emailing to [dlu@adm.monash.edu.au](mailto:dlu@adm.monash.edu.au).**

Disability Liaison Unit  
Equity & Diversity Centre  
Building 55  
Monash University 3800  
Victoria, Australia

The information on this form is collected for the primary purpose of providing appropriate Disability Liaison Unit (DLU) services and facilities. If you choose not to complete all the questions on this form, it may not be possible for the DLU to facilitate reasonable adjustments. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at [privacyofficer@adm.monash.edu.au](mailto:privacyofficer@adm.monash.edu.au)