

For students who are a Carer of someone who has a disability, medical condition, mental illness or frail and aged as defined by the *Carer Recognition Act 2010*. The information provided will remain confidential and will be used by the Disability and Learning Access Unit to determine the eligibility of the Carer Registration Form.

**NOTE:** Caring responsibilities that do not fall within the definition of the *Carer Recognition Act 2010* will not be considered for Carer Registration.

## Student to complete:

Personal Details	
Fed Student ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Student Name	<input type="text"/>
Relationship to the person being cared for	<input type="text"/>

## Health Care Professional to complete:

**NOTE:** The remainder of this form is to be completed by the **health practitioner of the person that is being cared for**

Health Care Professional Details and Declaration	
Practitioner Name	<input type="text"/>
Address	<input type="text"/>
	Postcode <input type="text"/>
Telephone	<input type="text"/>
Practitioner Signature	<input type="text"/>
Type of Health Care Professional	<input type="text"/>
AHPRA / Provider No	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If a stamp is not available, a signed declaration of a provider number on a practitioner's letterhead is to be attached to this application. ↑

Is the applicant a carer of a person who has a disability, medical condition, mental illness or is frail and aged as defined by the Carers Recognition Act?	<input type="radio"/> Yes <input type="radio"/> No
Is the condition of the person whom the student is providing care for:	<input type="radio"/> Permanent/Long term <input type="radio"/> Temporary/Short term (Indicate timeframe): <input type="text"/>
Please indicate the nature of care provided by the carer:	<input type="radio"/> Physical/personal care <input type="radio"/> Activities of daily living/ managing personal affairs <input type="radio"/> Attending appointments <input type="radio"/> Other (provide details)
Please indicate how many hours the carer is likely to spend on caring responsibilities:	<input type="radio"/> <input type="text"/> hours per week <input type="radio"/> <input type="text"/> hours per day <input type="radio"/> Other (provide details)
Please indicate how the caring responsibilities may impact on the carer's studies:	<input type="radio"/> Submitting assessments on time <input type="radio"/> Tutorial attendance <input type="radio"/> Other (provide details):

**Warning – Uncontrolled when printed!** The current version of this document is kept on the Federation University website.

Authorised by: Coordinator, Disability Services  
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