

Supporting documentation for provision of Disability Services Victoria University of Wellington - CONFIDENTIAL

To be Completed by a Registered Health Professional

This supporting documentation form enables Disability Services to work with this student. It can be sent by email or handed into Disability Services reception.

Email: disability@vuw.ac.nz

Reception: +64 4 463 6070

Disability Services relies on students to make contact with the service to arrange appointments. Students then work with a Disability & Inclusion Adviser to review any disability related barriers to study and develop a plan to access their studies.

Please let us know if the student is unable to make contact.

Student Name:

Student ID:

Email:

The impairment/disability/medical condition is as follows (e.g. epilepsy):

The impairment/condition is:

Ongoing Recurring Temporary (approx. expected duration):

Describe the impact this impairment is likely to have on the student and their study.
(e.g. fatigue, pain, mobility, impaired reading/writing, etc.)

Are there others involved in this student's support that collaboration with would be helpful?

Is there any other information you think would be useful?

Practitioner's Name:

Practice Stamp (please place below)

Profession:

Practice:

Phone:

Email: