UNIVERSITY of TASMANIA

College of Health and Medicine
Accessibility Services

# Access to Assistance for Students with Disabilities / Health Conditions

**and**

# College of Health & Medicine
# Safety in Practice Health Assessment Student Compliance

## Combined Information and Report Forms Package

### Contents


1. Instructions ..... 1
2. Health Assessment Form ..... 2
3. Access to Assistance for Students with Disabilities / Health Conditions ..... 5
4. Health Practitioner's Report Form ..... 6



Version 3: 28th October 2024
Version 2: 27th November, 2020
Version 1: 13th January, 2017


This **combined approach** is a joint initiative by the University College of Health and Medicine and Accessibility Services.

# 1. Instructions

## Introduction

**This Combined Information and Report Forms Package (Pack) is for students with disabilities/health conditions enrolled in College of Health and Medicine (CoHM) courses that include a professional experience placement (PEP) component. All CoHM students undertaking PEP courses are required to establish and maintain their capacity to safely undertake the mandatory functional requirements via the CoHM Safety in Practice Compliance and Risk Assessment Process. Students with disabilities/health conditions can meet this Safety in Practice compliance requirement, which includes a PEP support 'needs assessment' component, and apply for a Learning Access Plan (LAP) by having the two forms completed together.**

The advantages of having the **CoHM Health Assessment** and **Health Practitioner's Report Forms** completed together are as follows:

1. It will assist the health practitioner to assess each student's capacity to meet both the theoretical, social and practical aspects of their course.
2. It will be more efficient and cost effective for the student as it will require a single consultation with the health practitioner instead of two.

## How to Complete the Report Forms

### Student

Read and follow the directions listed on each report form and complete **fully** the student detail sections. Take this **Pack** to your health practitioner for completion of both report forms.

### Practitioner

1. **Health Assessment Form**

   Please evaluate and declare the student's capacity to safely undertake the ***mandatory functional requirements*** **in relation to the condition/s and medications disclosed by the student** in Section 1 of the Health Assessment Form.

2. **Health Practitioner's Report Form**

   Please provide information relating to the functional implications of the disability or health condition on the student's capacity to access and participate in academic study.

## How to Submit the Completed Reports

1. The student scans and uploads **both reports** into **InPlace**, the CoHM student PEP management system.
2. The student emails Accessibility.Services@utas.edu.au, providing their full name and Student ID number, to request an appointment and with their **Health Practitioner Report or learning disability assessment report** attached.

**Note:** Under Provision 7.1 of the University Privacy Policy, students' Personal Information can be disclosed to staff members who require that information for the performance of their duties.

## 2. Health Assessment Form

*This form is to be completed **if you have made a disclosure in Section 9** of the Safety in Practice Agreement or have been advised by your Head of Program that this check is required. The Head of Program, in conjunction with the Manager, Professional Experience Placement (PEP) Safety in Practice, can also request an assessment from an independent health practitioner in cases where a student has been withdrawn from PEP or additional information is received.*

*Complete the first page of this form and ask your health practitioner to complete the subsequent pages before **signing, scanning and submitting into InPlace** in the **Health Assessment** field.*

---

In accordance with the University of Tasmania Safety and Wellbeing Policy, all students intending to undertake professional experience placement (PEP) are required to establish and maintain their medical, physical and psychological capacity to practise safely.

**Personal Information Statement**
Your personal information is being collected by the University of Tasmania for the purpose of establishing your capacity to participate safely in professional experience placement. Your personal information will only be used for the purposes outlined above and in accordance with the University's Privacy Statements and disclosed only to the following persons or organisations:

- employees of the University who require the information to properly carry out their duties;
- professional experience placement providers for implementation of reasonable adjustments;
- Australian Health Practitioner Regulation Agency (AHPRA) – only if required under the AHPRA mandatory reporting guidelines.

The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Personal Information will be managed in accordance with the *Personal Information Protection Act 2004, Privacy Act 1988 (Cth),* the University of Tasmania's *Privacy Policy* and Privacy Statements which can be accessed at www.utas.edu.au/privacy. For information on how your personal information is being used or stored or to access your personal information, please refer to the link above. You also have the right to request access to your personal information held by the University in accordance with the Right to Information Act 2009 (Tas) and the Government Information (Public Access) Act 2009 (NSW).

Please undertake the Health Assessment below and upload this form into the ***InPlace*** *Health Assessment Field.*

---

# Health Assessment

**SECTION 1:MUST be completed by the Student**

***It is recommended this assessment be undertaken by the student's regular medical practitioner wherever possible.***

I …… ID …….. hereby give my authority for

*(Practitioner's Name)* …….. and the authorised delegate of College of Health and Medicine to transfer information relating to my capacity to safely undertake professional experience placement in a College of Health and Medicine course. **I disclose that I:**

- **Experience/have the following medical, physical or psychological condition/s**

  ……. ……

  ……. ……

- **Take the following medications**

  ……. ……

  ……. ……

Signed: …… Date: …… *(Student's Signature)*

## Medical Practitioner Declaration

**SECTION 2:To be completed by the Medical Practitioner**

Dear Practitioner,

The University of Tasmania requires all students to declare or, where necessary, **establish via health assessment** their capacity to safely participate in professional experience placement.

The student above has disclosed in **Section 1 of this form** that they have a medical, physical or psychological issue which could impair their capacity to safely undertake professional experience placement.

All students who intend to participate in laboratory, workplace simulation environments and undertake professional experience placements are required to establish and maintain their medical, physical and psychological capacity to practise safely.

College of Health and Medicine courses contain ***mandatory functional requirements*** to be practised by all students. Could you please assess and declare the student's capacity to safely undertake the following ***mandatory functional requirements*** **in relation to the condition/s and medications disclosed by the student in Section 1 of this form and/or other issue** (e.g. injury involving return to work cover)?

Thank you for your time and consideration.

***Note: Please refer the student to a relevant healthcare professional for further assessment if required.***

1. **Capacity to read and write** to enable the student to:
    - read and understand patient/client records, charts and/or medication labels and dosages;
    - accurately record patient/client notes and communicate written information.

2. **Capacity to undertake critical thinking and reflective analysis to:**
    - self-evaluate and reflect upon one's own practice, feelings and beliefs and the consequences of one's actions for individuals and groups.

3. **Capacity to communicate** to enable the student to:
    - interact with patients/clients and health practitioners in a professional setting;
    - accept instruction and professional criticism;
    - question directions and decisions which are unclear; and
    - resolve conflict and negotiate with staff and patients/clients.

4. **Psychological capacity** to:
    - understand the importance of and demonstrate the professional attributes of honesty, integrity, critical judgement, insight and empathy;
    - interact with patients/clients, carers and others in a caring, respectful manner to provide emotional support and health education; and
    - maintain self-control in professional situations.

*5.* **Physical capacity** to: *(5. N/A for Postgraduate Counselling and Psychology students)*
    - use technical equipment, which includes having the dexterity to undertake clinical procedures and handle, maintain and program equipment;
    - apply clinical procedures (e.g. physical examination, wound management), support patients/clients and perform cardiopulmonary resuscitation (CPR); and
    - manage essential clinical equipment and materials.

*Please contact Mike Plakalovic (03) 6324 3358 at the College of Health and Medicine if you require clarification.*

## Medical Practitioner Declaration

***This page must be completed with reference to pages 2 and 3.***

1. How long has this student been your patient or a patient of your practice? .....

2. Diagnosis: .....

**Note:** If this student has a mental health condition, where it may be difficult to ascertain the current implications of the condition, can you please provide the following information:

Date of last episode: …….

Student's understanding of their condition relating to Mandatory Functional Requirements 3 and 4:

.....

.....

3. Do you believe this student has the capacity to safely undertake these functions at present?

☐ Yes ☐ No If No, when do you believe they will have the capacity?

.....

.....

4. Do you have any concerns that this student's capacity to safely undertake these functions is impaired?

☐ Yes ☐ No If Yes, would you please describe these concerns?

.....

.....

5. Would you please describe any recommendations to the College of Health and Medicine that you believe will assist this student to safely undertake these functions?

.....

.....

.....

6. Would you please describe any specialised equipment/resources that may assist this student to safely undertake these functions?

.....

.....

7. In accordance with specific Course Requirements, students are allocated to professional experience placements subject to availability and are generally required to relocate to a region away from their place of residence for at least one of their placements. Is there any specific medical reason why this student cannot relocate for placement?

☐ Yes ☐ No If Yes, would you please describe the reason?

.....

.....

Name of Practitioner: .....

Provider Number: …… …….. Date of Medical Check: .....

Phone: ……. Email: .....

Address: .....

Signature: .....

# Access to Assistance for Students with Disabilities / Health Conditions

The University of Tasmania provides services, study, and assessment adjustments for students with a disability and/or health condition (including mental health) to facilitate equitable access to learning.

Students who need support and study adjustments are required to provide documentation from a Health Practitioner, or if diagnosed with a Specific Learning Disability, are required to provide a psychological educational/psychometric assessment from a relevant practitioner (e.g., School / Educational Psychologist).

## Applying for study and assessment adjustments

- Meet with your Health Practitioner to complete the Health Practitioner's Report (HPR) or provide a copy of a psychological educational / psychometric assessment completed no earlier than Secondary schooling years.
- Submit your completed HPR or specific learning disability assessment to: **utas-accommodate.symplicity.com/public_accommodation** or by email: **Accessibility.Services@utas.edu.au**
- Make an appointment with an Accessibility Adviser. Phone: **1800 817 675** or visit: **utas.edu.au/appointments** to book an appointment.
- Depending on the nature of your disability / health condition, your Accessibility Adviser will, in consultation with academic staff, work with you to identify any reasonable adjustments that can be implemented.

## Accessibility Services Personal Information Statement

Your personal information is being collected by the Accessibility Services team on behalf of the University of Tasmania for the primary purpose of providing disability related services and study adjustments. Failure to provide this information may result in you not receiving study adjustments or services relevant to the impacts of your disability/health condition on your study. Your personal information will only be used for the primary purpose for which it is collected and disclosed only to the following people or organisations:

- Employees of the University who require the information to properly carry out their duties, which includes Safe to Practice requirements for Professional Experience Placements; and
- Department of Education, Skill, and Employment (DESE) as part of the regular statistics collection of recorded disability type.

The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Personal Information will be managed in accordance with the Personal Information Protection Act 2004 and the University of Tasmania's Personal Information Privacy Policy.

## Health Practitioner's Report (HPR)

Health Practitioners must provide relevant information regarding the functional implications of the disability or health condition on the student's capacity to access and participate in their study. Implications may include rate of processing visual / aural information, concentration, fatigue, pain, mobility, physical dexterity, and social interaction. The Accessibility Adviser will refer to the implications documented in this form in collaboration with the student to identify appropriate services and adjustments that may include alternative exam conditions.

A release of information clause is also included on the form for the student to complete (over page).

**Note for Health Practitioner** – in completing this report, you are required to provide personal information to the University of Tasmania. Your information will be kept with the Student's file and will be treated as if it were Student personal information in accordance with our Privacy Policy.

## Contacts

If you have any questions regarding this form or the process of obtaining assistance, please contact the Accessibility Services team on:

Email: **accessibility.services@utas.edu.au**

Phone: **1800 817 675**

If you have any queries or concerns regarding the use of your personal information, Please contact either the University's Legal Services team in the first instance or the Tasmanian Ombudsman or Office of the Australian Information Commissioner. Contact details are available on the University's Privacy Policy available on our website.

Confidential

UNIVERSITY of TASMANIA

# Health Practitioner's Report (HPR)

Student No.

I, hereby give authority for

to release information relating to my disability and/or health condition to Accessibility Services at the University of Tasmania. I also authorise Accessibility Services to contact the practitioner below to clarify these supports as required.

Student signature Date (dd/mm/yyyy)

*If you have had any special provisions for TCE Examinations provided through the Office of Tasmanian Assessment, Standards & Certification (TASC), please attach a copy of the letter to this report.

---

**Medical/health practitioner to complete this section**

**Nature of disability/health condition:** (Please also attach any existing specialist reports)

**Indicate the category/s of impairment:** (Tick any that apply)

☐ Hearing ☐ Vision ☐ Medical ☐ Mobility ☐ Physical ☐ Neurological ☐ Learning Disability ☐ Mental Health

**Expected approximate duration of disability/health condition:**

☐ Long-term (2 or more years) ☐ Medium-term (approx. 6 – 18 months) ☐ Short-term (no more than 13 weeks)

**Impact of disability/health condition/medication on study at the University of Tasmania, including performance in lectures, tutorials, laboratories, work placement and assessment or exam situations:**

Please consider reading, writing, listening, cognitive processing, concentration, interaction, sitting tolerance, stamina, mobility, parking requirements, seating requirements, accessing library resources etc.

**Recommendations for study adjustments and /o r accommodations:**

Please recommend any adjustments which you believe would assist the student to complete their studies and provide additional details where relevant.

**Health Practitioner details**

Name and profession

Address of practice

Phone number Phone number

Practitioner's signature Date (dd/mm/yyyy)

Email completed form to: **Accessibility.Services@utas.edu.au**

Or upload to Portal at: **utas-accommodate.symplicity.com/public_accommodation**