



## Carer Registration Form

Use this form if you are the carer of another person (who has a disability, medical condition, mental health condition, or who is aged and frail) and you wish to register with the University's Inclusion & Disability Services. It will need to be **completed by the health professional treating the person receiving care** and returned to Inclusion & Disability Services: [disability.services@sydney.edu.au](mailto:disability.services@sydney.edu.au)

**Please note:** A person will be a 'carer' if they provide personal care, support and assistance to another person who needs it because that person has a disability, medical condition (including a terminal or chronic illness), or mental health condition, or is aged and frail. See the definition in the *Carer Recognition Act 2010 (Cth)*, available in [Coursework Policy 2021](#) at cl.5.

A person is **NOT a carer** merely because:

- they are the spouse, de facto partner, parent, child, other relative or guardian of another person; or
- they happen to live with a person who requires care.

**Important:** Personal information about students is protected under the *Privacy and Personal Information Protection Act 1988* (NSW), the *Health Records and Information Privacy Act 2002* (NSW) and the University's Privacy Policy and Procedures (available at <http://sydney.edu.au/arms/privacy/>).

### 1. Student's details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SID: \_\_\_\_\_ UniKey: \_\_\_\_\_

### 2. Practitioner's assessment

Please state the nature and impact of the disability, medical condition, mental health condition, or the age and frailty (condition) of the person being cared for:

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Please explain the responsibilities of the student in caring for this person:

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Please explain how the above responsibilities and condition impact on the student's study:

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Please indicate for how long the above responsibilities will impact on the student's study:

- Up to one semester
- Two or more semesters

If the student is studying part-time, is this as a result of their caring responsibilities? Yes No

**Please note:** The University may require the student carer to provide details of the person who they provide care to (including their name and date of birth) in certain instances, including to confirm the authenticity of this document with the health practitioner treating the person receiving care.

### 3. Practitioner's details

Practitioner's name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Provider No.: \_\_\_\_\_

AHPRA Registration No.: \_\_\_\_\_

Practitioner's stamp

*I authorise the University of Sydney to contact me or my office to confirm authenticity of this document.*

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Carers Registration Form - Student Statement** (to be completed by student)

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

SID:\_\_\_\_\_ Signature:\_\_\_\_\_

Q1. Please outline your experience as a Carer (what are your responsibilities; what impact does this have on your studies)

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Q2. How many hours per week are you undertaking caring duties?

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Q3. What assistance are you seeking from Inclusion and Disability Services?

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