



**Faculty of Medicine and Health Living with Disability
Scholarship**

Student Name:

SID:

Declaration

I confirm that as a current student I currently have an Inclusion and Disability Support plan established.

I confirm that as a commencing student I will engage with the Inclusion and Disability Support team to establish a plan by the end of the first research period of enrolment.

For further information on Inclusion and Disability support at the University of Sydney please visit the [webpage](#).

Student Signature

Supervisor Name

Supervisor Signature