# 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.

<table>
<thead>
<tr>
<th>Email: <a href="mailto:disability@vuw.ac.nz">disability@vuw.ac.nz</a></th>
<th>Reception: +64 4 463 6070</th>
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</thead>
</table>

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):

<table>
<thead>
<tr>
<th>The impairment/condition is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ongoing □ Recurring □ Temporary (approx. expected duration: __________________________)</td>
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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: 
Profession: 
Practice: 
Phone: 
Email: 

**Practice Stamp (please place below)**