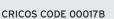
Staff use only: RECEIVED Date: / By:_____



Bond University University Drive, Robina Queensland 4229 Australia

> Phone: 07 5595 4014 Fax: 07 5595 4091





Professional Supporting Certificate

Bond University requires students to provide documentation confirming a disability and / or a health related condition from a relevant professional, as per the guidelines on our website, before a student can be eligible to receive academic adjustments. The information will be used by the Disability Office at Bond University to negotiate appropriate adjustments for students and will remain confidential, in accordance with the student's choice of level of disclosure. This form must be completed by an Australian Qualified Professional. Documentation provided by overseas professionals will be reviewed by Bond University Medical and / or Mental Health Professional staff.

1 Student Details (Students to complete)				
Student ID				
Surname or family name	9	Given name(s)		
Date of birth		Gender Male Female		
Phone number		Email		
2 Disability Information (Qualified Health Professional to complete)				
Disability type (tick appropriate box/es)	ADD/ADHD	Hearing	Illness	
	Injury	Learning	Medical	
	Mental health	Mobility	Vision	
	Other			
Diagnosis (Please include a full list of relevant criteria that the student meets for the diagnosis and attach any existing specialist reports) Diagnostic interview / historical information summary (Must include, but is not limited to: evidence of onset of impairment; evidence of current impairment; severity of the condition; any other relevant history)				

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2 Disability Information (Qualified Health Professional to complete) (continued)			
Diagnostic interview / historical information summary (continued)			
Duration Temporary Ongoing Permanent			
Severity Mild Moderate Severe			
Stabilised Unstabilised			
Diagnostic procedure/s summary (Must include summary of procedures used in diagnoses, including but not limited to, examinations, evaluations, questionnaires, and other diagnostic instruments)			
3 Predicted functional impact on the student's capacity to study, complete tasks and			
participate in a tertiary setting. (Must include a detailed list of current functional limitations and how the student is limited by the effects of these limitations).			
(Must include a detailed list of current functional limitations and now the student is limited by the effects of these limitations).			
4 Measures currently being taken to treat condition (e.g. medication, therapy).			
Measures currently being taken to treat condition (e.g. medication, therapy). (Must include details regarding the student's current treatment regimen; compliance with treatment plan; medication side effects, if relevant;			
and the student's response to the treatment, e.g. is condition stabilised).			

5

Specific recommendations for reasonable adjustments to enable equal participation relevant to the university learning environment.

The following is a guide only. Recommended accommodations are expected to relate directly to the supporting rationale described in Section 2-4 above.

Adjustments	Yes / no (specify details where applicable)	
Coursework:		
Any assistive technology (by student or university)		
A - si - m - m - m - d - d i - m - m - d - m - m - d - m - m - d - m - m		
Assignment time extensions		
Examinations:		
Extra writing time / hour for exam		
(10mins / 20mins)		
Extra rest time during exam / hour of exam (10 mins / 20 mins)		
Adjustment to print size / font		
Use of computer or other assistive technology		
Scheduling (time of day, number of exams per day)		
Environmental considerations:		
Smaller room (15)		
Lighting / sound / other		
Access mobility requirements		
Other:		
Please specify		
Please tick how long the documentation is valid for: (The following is a guide only but are expected to relate directly to the support	orting rational described in section 2-4 above)	
Short term: weeks 6 months	1 year 2 years 3 years Permanent	
6 Qualified health professional details		
Title Family name	,	
Given name(s)		
	1 !	
Specialisation		
	1	
	¹	
Date of report		
	Affix card / organisation stamp	
Specialist's signature	Date	
Please return completed form toget	ther with any other relevant information to:	

Disability Officer, Student and Academic Services
Bond University,
Gold Coast, Queensland, 4229,
Australia
Email: disabilitysupport@bond.edu.au

Fax: +61 7 5595 4091