STUDENT SERVICES – STUDENT WELFARE SERVICE LOCKED
BAG 1797, PENRITH NSW 2751
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WESTERN SYDNEY
UNIVERSITY
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CARER REGISTRATION FORM

For students who are a Carer of someone who has a disability, medical condition, mental illness or frail and aged as defined by the Carer Recognition Act 2010. The information provided will remain confidential and will be used by the Student Welfare Service, to determine eligibility of a Carer Verification Certificate. PLEASE NOTE: Caring responsibilities that do not fall within the definition of the Carer Recognition Act 2010 will not be considered for a Carer Verification Statement.

PERSONAL DETAILS (to be completed by the student)

Date:

Full name: _____ Student ID number: _____

Mobile: _____

Campus: _____ Course name: _____

Relationship to the person that is being cared for: _____

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE HEALTH PRACTITIONER OF THE PERSON THAT IS BEING CARED FOR

Is the applicant a carer of a person who has a disability, medical condition, mental illness or is frail and aged as defined by the Carers Recognition Act?

☐   YES

☐   NO

Is the condition of the person whom the student is providing care for;

☐   Permanent/Long term

☐   Temporary/Short term (if so a timeframe must be stated)

        Timeframe _____

Please indicate the nature of care provided by the carer;

☐ Physical/personal care

☐ Activities of daily living/managing personal affairs

☐ Attending appointments

☐ Other (provide details)

Please indicate how many hours the carer is likely to spend on caring responsibilities;

☐ Per week _____

☐ Per Day _____

☐ Other (provide details)

_____

Please indicate how the caring responsibilities may impact on the carer's studies;

☐ Submitting assessments on time

☐ Tutorial attendance

☐ Other (provide details)

_____

_____

HEALTH PRACTITIONER DETAILS

Name of practitioner:_____   Provider number: _____

Address:_____

Contact telephone: _____

Practitioners Signature:_____   Date: _____

If a stamp is not available, a signed declaration of a provider number on a practitioner's letterhead is to be attached to this application.

Provider's stamp

MUST BE AFFIXED HERE