# **BE RESEARCH SCHOLARSHIP** TREATING HEALTH PROFESSIONAL REPORT



### **Purpose**

The School of Graduate Research requires medical information from a Treating Health Professional to evaluate eligibility for the "Be" Research Scholarship. This information is treated with sensitivity. Information shared on this form is used exclusively to assess and administer the Be Research Scholarship and enable relevant CQUniversity staff (where required) to provide the most appropriate support.

For further information about the eligibility criteria for the Be Research Scholarship, please refer to the Scholarship Guidelines.												
For further information about CQUniversity Australia's Disability Policy, please visit www.cqu.edu.au/disability.												
2 Applicant	: Details											
Full Name												
Student Number												
I give permission for this treating health professional report to be provided to the School of Graduate Research, CQUniversity, Australia												
I give permission for details of my disability, illness, injury, medical or mental health condition to be released to relevant CQUniversity staff												
I have read and understand the privacy statement on each page of this form												
Signature						Date	/	1				
3 Treating	Health Profes	ssiona	al Report									
Practitioner name						Pra	ctice stamp or	· AHPR/	A Registration Nu	mber		
Profession												
Address												
/ tudioco			Postcode									
Name/s of the disability, illness, injury or mental health condition/s (attach relevant reports).												
Please indicate the category/ies of impairment (tick which apply)												
Hard of hear	ring/Deaf		Low Vision/Blindness		Phy	sical Disability		Medical Cor		ion		
Mental Heal	th Condition		Acquired Brain Injury		Spe	cific Learnir	ng Disability		*Neurological C	Condition		
Not specified			Othe		Disability							
Severity of Conditi	on											
Moderate		Ш	Severe	Ш	Prof	found						
Is the prognosis that the condition is permanent? Please note: this scholarship is offered for individuals living with permanent disability.												
Yes			No									
Is there a need for ongoing Health Professional input (i.e. GP reviews, counselling, specialist treatment, etc.)												
Yes			No									
If yes, type and frequency:												
* Neurological condition affects the usual function of the central and peripheral nervous system, including Autism Spectrum Disorder, epilepsy, Alzheimer's disease,												

multiple scierosis, Parkinson's disease, brain tumours, ADHD

4 Treating Health Professional Report (Continued)									
Please provide any further relevant information that may assist the School of Graduate Research in determining eligibility for the Be Research Scholarship.									
Treating Health Professional's Signature	Date	/	1	1					
Please return completed documentation to:									
Email: research-scholarships@cqu.edu.au									
CQUniversity Australia School of Graduate Research Building 32, Level 1, Bruce Highway									
Rockhampton Qld 4702									

## MEDICAL DOCUMENT REQUIREMENTS



All medical information supplied must:

- be completed by an appropriate treating health professional (please see below for comprehensive guidelines);
- contain the professional's stamp or provider number; and
- be signed and dated by the professional.

For all conditions, the treating health professional's report may be used to satisfy the above requirements. However, additional specialist information will be required for the following:

- Learning disability documentation must provide evidence of learning disability based on the Diagnostic and Statistical Manual of Mental Disorders IV-TR or the Diagnostic and Statistical Manual of Mental Disorders V.
- ADHD Documentation must provide evidence of ADHD/ADD based on the Diagnostic and Statistical Manual of Mental Disorders.

List of appropriate treating health professionals: to receive comprehensive support, medical evidence is required from the following treating health professionals:

#### Low Vision/Blindness

- Ophthalmologist
- Optometrist

#### Mental Health Condition

- Psychiatrist
- Registered Psychologist
- General Practitioner

#### **Medical Condition**

- Medical specialist
- General Practitioner

#### Neurological condition

- Paediatrician
- Registered psychologist
- Psychiatrist
- Medical Specialist

### Learning Disability

- Paediatrician
- Registered psychologist
- Psychiatrist

#### Acquired brain injury

- Neurologist
- Psychiatrist
- Neuro-psychologist

#### **Physical Disability**

- General practitioner
- Medical specialist
- Physiotherapist/Occupational therapist

#### Hard of Hearing/Deaf

Audiologist

IMPORTANT PRIVACY INFORMATION: Personal information is collected, used and stored by CQUniversity to facilitate your studies and related activities. Commonwealth and state departments require certain information about student details and activities to be reported or disclosed by the University. Any other provision of your information will only be as authorised by you or required by law and in accordance with the Information Privacy Act 2009 Qld and the University's Information Privacy Policy and Procedure.