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| Request for Information – Treating Doctors Report  Where prospective students have advised of a condition that may impact on their successful completion of our Diploma of  Nursing program, Mater Education, as a Registered Training Organisation, needs to provide advice and information to  prospective students on:   * suitability of the Diploma of Nursing program * any special physical requirements for the program * reasonable adjustments that can be made * support that is available   The program is delivered over an 18 month period and includes classroom, tutorial, and online learning, simulated practical assessment and 400 hours of workplace practical placement that includes demonstration of knowledge and skills in a clinical (acute hospital) environment.  Following successful completion of the program, students can register as an Enrolled Nurse (EN) with the Australian Health Practitioner Regulation Agency (AHPRA). Students will be registered with AHPRA whilst enrolled in the program so will be subject to AHPRA’s requirements for students undergoing clinical training including mandatory notifications where required.  A student may carry out clinical training with a mental health condition, physical health condition or physical illness if the condition does not detrimentally affect their capacity to undertake clinical training, provide safe patient care and they can meet the inherent requirements of the program meaning it remains essential to meet assessment integrity and evidence requirements.  This request has been provided to you by a prospective student who wishes to enrol in Mater Education’s Diploma of Nursing program. Mater Education must have regard for all the relevant circumstances to understand what reasonable adjustments could be applied that will allow this prospective student to participate and learn on the same basis as other students.  Could you please provide any relevant information on this prospective student’s physical or mental impairment, disorder, disability, or condition and suggest adjustments that would assist with participation in the program noting the program will require activities such as bending (manual tasks) standing / walking for lengthy periods, correct interpretation of written or verbal instructions, or the need to use complex equipment requiring fine motor skills, hear call bells/calls for help. We can then discuss participation options with the prospective student and/or their associate about reasonable adjustments and their ability to participate.  Mater Education Ltd  RTO 5210  Email: [materstudentservices@mater.org.au](mailto:materstudentservices@mater.org.au)  Phone: 1300 070 350   |  |  | | --- | --- | | [**Privacy Procedure - Education (matereducation.qld.edu.au)**](https://www.matereducation.qld.edu.au/getmedia/02fc7189-a765-4e7d-91b3-7911b3222456/mppl-00856-privacy-procedure-education.pdf) | | | **Date:** |  | | **Prospective student’s name:** |  | | **In what capacity do you know the student?** *e.g., GP, medical specialist)* |  | | **What is the prospective student’s current diagnosis and condition:** | Please explain: | | **Outline the treatment currently being provided the condition.** *e.g., hospitalisation, surgery, medication, physical therapy, rehabilitation, pain management* | Please explain: | | **In your opinion, are there any other factors that affect the student’s ability to complete academic tasks, make decisions, and/or complete practical nursing duties as part of the day to day job role?** *e.g., having the ability to cope with the demands and workloads of a full time course.* | Please explain: | | **Does the prospective student wear or use any aids, equipment, or assistive technology for this condition?** | Please explain: | | **How would this condition impact on the prospective student’s ability to participate despite treatment, aids, equipment, or assistive technology?** | Please explain: | | **Do you believe the prospective student could meet the EN Standards for Practice. In brief:**   * professional and collaborative practice * provision of care, and * reflective and analytical practice. | Please explain: | | **Do you believe the prospective student could meet the Inherent Requirements of the full time program. In brief:**   * Behavioural stability * Cognition * Oral and written communication * Sensory ability * Strength and mobility * Sustainable performance   [Inherent Requirements | Mater Education](https://www.matereducation.qld.edu.au/student-information/policies#inherentrequirements) | Please explain: | |

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| **Do you believe the prospective student could undertake the attributes of learning in a full time program:**   * Knowledge (capabilities) refers to information and the understanding of that information to guide practice. * Skills refers to technical procedures and competencies. * Attitudes refers to ways for thinking and behaving appropriately. | Please explain: |
| **Capacity for full time study**   * is the prospective student undergoing treatment and is responding well to the treatment, and is compliant with the treatment plan or, * the prospective student does not require ongoing treatment. | Please explain: |
| **Functional ability**  Are there any factors that affect the prospective student’s ability to complete academic tasks, make decisions, and/or complete practical nursing duties in an acute care hospital environment?  e.g., bending (manual tasks) standing / walking for lengthy periods, correct interpretation of written or verbal instructions, or the need to use complex equipment requiring fine motor skills, hear call bells or calls for help. | Please explain: |

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| **Patient Care and Safety**  Given the inherent requirements of the program, what reasonable adjustments would you suggest Mater Education should consider/adopt?  Please note reasonable adjustments will be considered as long as the adjustments would not cause unjustifiable hardship to the student or Mater Education and the integrity of the program is maintained. | Please explain: |
| **To the best of my knowledge and belief, the information provided is accurate and correct.** | |
| **Name of treating doctor: (please print)** |  |
| **Address of your clinic:** |  |
| **Your contact details:** |  |
| **Organisation:** |  |
| **Provider number/stamp** |  |
| **Signature:** |  |

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