

CONFIDENTIAL STATEMENT OF SUPPORT – Disability or medical condition

This is for applicants who have applied under the disability or medical condition equity group, and must be completed by your treating doctor or health care professional. This person should explain in their own words how your circumstances have impacted on your education.

Note: Statements of support CANNOT be supplied by a person who is related to you or in a relationship with you. If the only responsible person who has knowledge of your circumstances is a family member or partner, then you must supply a statutory declaration explaining why there is no other person who can supply the statement along with the statement of support. Regardless of the presence of the statutory declaration, statements of support supplied by family members or partners may not be considered for assessment.

Return completed forms to:

Coursework Scholarships Unit
 Monash Caulfield Service Centre
 PO Box 197
 Caulfield East VIC 3145

1. Student Details:

Student Name:	
Monash ID number:	
Scholarship Applicant ID:	

2. Provider details (please also provide your official stamp):

Name:			
Name of organisation and area of specialisation:			
Phone number:		Fax number	
Email:		Provider No:	

3. To what degree have these circumstances educationally disadvantaged the applicant? (please tick one box only). Applicants will not be considered if this section is not complete.

Severely
 Moderately
 Slightly
 No significant disadvantage

4. I am not related to the applicant.

