

Deakin College Student Referral to Deakin Disability Resource Centre (DRC)

Student Details:

First name: _____ Family name: _____

Course: _____

Student ID: _____ (DC) _____ (DU)

Contact Number: _____ Email: _____

Referring Adviser's name: _____

Reason for referral (brief history of health issue)

Please take all health practitioner letters or reports to your DRC appointment.

Deakin College Staff Signature: _____

Date: _____

I, _____ (student name) give permission for the DRC Liaison Officer to Contact the Deakin College, Student Services or Student and Academic Services for follow-up, if necessary.

Student Signature: _____ Date: _____

To make a general enquiry or an appointment please contact the DRC office between 9am to 4pm week days
(<https://www.deakin.edu.au/students/health-and-wellbeing/disability-support>)

Melbourne Campus at Burwood
Level 1, Building B, Room 1.03
221 Burwood Highway, Burwood-3125
Email: drcentre@deakin.edu.au
Tel: 03 9244 6255

Geelong Waterfront Campus
Deakin Student Life
Level 2, John Hay Building
Email: drcentre@deakin.edu.au

Geelong Warrn Ponds Campus
Deakin Student Life,
Level 2, Building JB
Email: drcentre@deakin.edu.au