



Professional Practitioner Certificate

To be completed by a registered health practitioner or counsellor for student whose work during a teaching period or whose academic performance in an assessment item or items, including examinations, has been affected by serious illness or misadventure. The person completing the form should refer to the University's policy (see extract on the rear of this form regarding underlined restrictions).

Special Consideration applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, or counsellor). Certificates signed by family members are not acceptable. Your help providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

PROFESSIONAL PRACTITIONER CERTIFICATE

SID: _____ STUDENT NAME: _____

Date/s of consultation: _____

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

Specify period/duration

Severity (please tick appropriate boxes)	√	from	to
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

Plain English description of: restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements: a medical diagnosis is not required)

OTHER (please specify and attach documentation/evidence)

Name _____

Address _____

Phone Number _____ Provider Number _____ Stamp _____

I authorise the University to contact me or my office to confirm authenticity of this document.

Signature: _____ Date: _____/_____/_____