



Professional Practitioner Certificate

To be completed by a registered medical practitioner or counsellor for students 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).

Special Consideration application 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: Nature of illness, symptoms, restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements)

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: _____

Extract from the Academic Board Resolutions: Assessment and Examination of Coursework

Part 5 – Special Consideration Due to Serious Illness, Injury and Misadventure.

5.5.2.2 An application for Special Consideration must:

5.5.2.2.1 use the specified form;

5.5.2.2.2 a) clearly set out the basis for the claim on the specified form;
b) be supported by a Professional Practitioner Certificate completed by a registered health practitioner or counsellor within the scope of their practice, who is not a family member. The Professional Practitioner Certificate includes:

- date of consultation;
- an evaluation by the practitioner, psychologist etc. as to the severity, duration and effect on the student's ability to attend classes, learn or complete assessment requirements;
- the date the Certificate was written and signed;

The Certificate should only be issued in respect of an illness, injury or misadventure observed by the health practitioner or counsellor or reported by the patient and deemed to be true by the health practitioner or counsellor.

c) where a certificate as in b) above is not appropriate, the application should be supported by a Statutory Declaration, and where possible accompanied by other appropriate supporting document;