

Health Care Professional Certification

Additional information

The accompanying form is to be completed by an eligible Health Care Professional who is familiar with the student's application for Special Consideration and is able to provide an evaluation of the level of impact of the condition/circumstances that may have caused disadvantage or may have prevented the student from attending an examination, completing an assessment task, or attending relevant classes or sessions.

Eligible Health Care Professionals

Eligible health care professionals include, but are not limited to:

- AHPRA registered General Practitioners (GPs);
- AHPRA registered Psychiatrists;
- AHPRA registered Psychologists;
- University or Partner Provider Counselling service staff; or
- Registered Counsellor (being a member of one of the APS, the AASW, or the ACA; or
- Other AHPRA registered practitioners which diagnose and treat medical conditions.

The University does not need to know details of the condition that may have impacted on the student's academic performance; however, the University does need appropriate information regarding the severity of the impact to make an informed decision.

This is a confidential document and the information will only be used in consideration of the application for:

- Special Consideration — General;
- Special Consideration – Deferral of Examination; or
- Withdrawal without Financial Penalty in Special Circumstances.

Health Care Professional Certification forms which do not contain all of the required information will not be accepted.

Evaluating the Impact of a Condition/ Circumstance

The Health Care Professional Certification form requires the professional to rate the level of impact a condition/circumstance has on a student's ability to attend examinations, complete assessments, or attend relevant classes or sessions.

Impact is assessed by the Health Care Professional under the following categories:

- **Severe impact:** Where the impact of the condition is extremely serious or significant in nature and the student is affected to the extent that to sit an examination is not possible, the student cannot complete the assessment/s, or the level of performance will be severely affected (e.g., bedridden, hospitalised, broken dominant hand, significant mental health episode, life-threatening illness of significant other);
- **Moderate impact:** Where the impact of the condition is not severe and the student's ability to complete the assessment/s, or the level of performance is moderately affected (e.g., medical condition of a more serious nature that has affected the student's ability to work for longer than one week)
- **Minor impact:** Where the impact of the condition is not serious and has not had a significant impact on the student's ability to complete the assessment/s and level of performance is affected in a minor way (e.g., mild illness during or close to assessment submission dates)
- **Not Applicable:** Where the condition does not have an impact, or the impact is not applicable to the student's ability to complete the assessment/s.

Capacity to Sit an Exam

If a student does not have the capacity to sit an exam due to the severe impact of their condition/circumstances, they are required to submit an Application for Deferred Examination plus the Health Care Professional Certification form (or other supporting documentation) in accordance with the Special Consideration procedure.

Unwilling or Unable to Use University's Health Care Professional Certification

If the appropriate professional is unwilling or unable to use the University's Health Care Professional Certification form, the University will accept a medical certificate (bearing the Provider/Licence/ Registration number and Official Stamp), stating in reasonable detail:

- The dates of any relevant consultations or attendances;
- If relevant, the nature of the complaint and the treatment; and
- A specific statement that in the health care professional's opinion (**not the student's opinion**) that, as a result of the complaint or treatment, the student is, or was, severely, moderately, or in a minor way impacted or unfit or unable to undertake the assessment or examination.

Please note: Medical Certificates which do not contain all this information will not be accepted. The University may contact the Health Care Professional to verify details contained on this form.

Privacy and Confidentiality

Federation University Australia ('the University') is committed to protecting and maintaining the privacy, accuracy and security of personal information. The sharing of the information in this form must comply with the University's Information Privacy Policy, which can be accessed at: http://policy.federation.edu.au/university/general/information_privacy/ch01.php

Individuals have a right of access to, and correction of, their personal information in accordance with privacy legislation and the University's Information Privacy Policy. Please direct any enquiries in this regard to the University's Privacy Officer by telephone on (03) 5327 9504 or email privacyofficer@federation.edu.au

Student to complete:

Personal Details		Study Details	
FedUni Student ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Title	<input type="text"/>
Given name/s	<input type="text"/>	Program Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Family name	<input type="text"/>	Program Name	<input type="text"/>
Telephone	<input type="text"/>	Semester	<input type="text"/>
International Student?	<input type="radio"/> No <input type="radio"/> Yes	If Yes:	<input type="radio"/> On-shore <input type="radio"/> Off-shore
Undertaking study at a Partner Provider?	<input type="radio"/> No <input type="radio"/> Yes	If Yes:	Partner Provider Name: <input type="text"/>
		If Yes:	Partner Provider Location: <input type="text"/>

Health Professional to complete in consultation with student:

Client	<input type="radio"/> First Contact <input type="radio"/> Returning
Consultation Dates (Most recent, max. six)	<input type="text"/>
Type of Condition	<input type="radio"/> Medical reasons <input type="radio"/> Compassionate grounds <input type="radio"/> Hardship / Trauma
	<input type="radio"/> Other (Please specify): <input type="text"/>

Impact of the condition

Severe impact: Acute, moderate, or long term medical condition that impacts the student to the extent that they cannot attend the campus for a defined period (from one day to long term).

Moderate impact: not severe; ability to complete the assessment/s, or level of performance is **moderately affected** (ability to work affected for longer than one week).

Minor impact: not serious; minor impact on ability to complete assessment/s. Performance affected in a minor way (mild illness during/close to assessment submission).

Not Applicable: Where the condition does not have an impact, or the impact is not applicable to the student's ability to complete the assessment/s.

Please refer to cover sheet for a more detailed explanation of severity of impact.

Impact on:	Severity of impact	From	To
Active participation and or attendance at lectures / tutorials / workshops / practical sessions	<input type="radio"/> Severe <input type="radio"/> Moderate <input type="radio"/> Minor <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>
Completion of in-semester task(s) by due dates	<input type="radio"/> Severe <input type="radio"/> Moderate <input type="radio"/> Minor <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>
Ability to undertake private study	<input type="radio"/> Severe <input type="radio"/> Moderate <input type="radio"/> Minor <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>
Able to undertake or complete examinations	<input type="radio"/> Severe <input type="radio"/> Moderate <input type="radio"/> Minor <input type="radio"/> N/A	<input type="text"/>	<input type="text"/>

Details of the impact on the student: (Eg. The student has been unable to undertake work required to complete assessments during the specified time)

Warning – Uncontrolled when printed! The current version of this document is kept on the FedUni website.

Authorised by: Academic Board
 Document Owner: Federation University Australia: Health & Wellbeing
 Page 2 of 3

Original Issue: 29/10/2015
 Current Version: 17/03/2017
 Review Date: 01/07/2017

Student Support
studentsupport@federation.edu.au

Additional information / recommendations

(Eg. Recommend giving the student additional time to submit assessment task: provide appropriate timeline)

Are you related to the student? No Yes If yes, what is the relationship?

Health Care Professional Details and Declaration

Name			
Address			Postcode
Telephone			
Signature			
Type of Health Care Professional			
AHPRA / Provider No			Stamp
Date	<input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

PRINT THIS FORM,
 and sign and date in the space provided above. Hand in to your Faculty/Partner Provider (with any relevant certificates/ additional evidence) for processing.
Online Students: Submit application and supporting documents via email to the Faculty Administration office or Hub.

Office Use Only

Form received by:

Date

/

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This document must be stored in accordance with the Special Consideration procedure.