



Supporting documentation - Professional Practitioner's Certificate

To be completed by a registered medical practitioner or counsellor for a student whose academic performance during a teaching period, in an individual assessment task, or at the time of a scheduled examination, has been affected by sickness or misadventure.

To the Practitioner:

Your help providing information is appreciated. It will help the University make a fair and informed assessment of the application. It will be used solely to assess this application.

SID: STUDENT NAME:.....

Date/s of Consultation

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

Severity (please tick appropriate box)	√	Period of time affected FROM - TO
Totally unable to study		
Very severely affected		
Severely affected		
Moderately affected		
Slightly affected		
Unable to assess		

Please provide a brief plain English description of: nature of illness, symptoms, restrictions on capacity or functionality in academic studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements).

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Name:

Stamp

Address:

Phone Number.....

Provider Number.....

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

Signature: Date: