

PROFESSIONAL PRACTITIONER CERTIFICATE



The Professional Practitioner Certificate is to be completed by a registered medical / health practitioner / psychologist / dentist / counsellor etc for a student whose work/ attendance during a teaching period or whose academic performance in an assessment item or items, including examination or professional placement, has been affected by illness, injury or misadventure. Approval of such applications may only be granted to students who are legitimately disadvantaged due to factors beyond their control.

INFORMATION for PRACTITIONERS and STUDENTS

This Practitioner Certificate is provided for use by students of Avondale University where health grounds are the basis for the following:

- | where approval to sit deferred examination/s is being sought;
- | where an extension on the due date for submission of an assessment is being sought;
- | where documentary evidence is required for non-attendance at lectures/tutorials and/or practical/clinical sessions;
- | in all other circumstances where relevant documentary evidence is required in accordance with Avondale's regulations.

It should be noted that stress or anxiety associated with exams will not normally be considered unless it has a psychologist/psychiatrists report lodged with the Avondale Equity Officer (see below).

ALL sections of the form must be completed.

Important Notes:

1. This Practitioner Certificate is a legal document and must not be backdated.
2. Students unsure about appropriate use of the Practitioner Certificate should consult Student Administration Services staff.
3. Students are advised to keep the original of the completed certificate for their records, and to submit a copy to the relevant Avondale officer with their other documentation, depending on the reason for submission of the certificate.
4. Provision of this certificate does not automatically result in approval of the request.
5. Avondale staff may need to verify information provided on this certificate with the relevant practitioner.

ADDITIONAL INFORMATION for STUDENTS

Equity

It is recommended that students with either short / long term disabilities that may impair sitting examinations or undertaking assessments visit the Equity Officer for assistance as early as possible. This is especially important for examinations where special arrangements may need to be made. To make an appointment, please email equity@avondale.edu.au

Students with illnesses or disabilities that may affect their study program with a duration of more than six months are advised to see the Equity Officer. This is imperative to ensure appropriate support is given and to ensure correct counsel / treatment has been sought by the student.

A student seeking a counsellor's assistance for more than six months should also see the Equity Officer and ensure that a psychologist's or psychiatrist's report has been lodged.

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APPLICATION

INFORMATION for PRACTITIONERS and STUDENTS (To be completed by student prior to attending any Professional Practitioner)

Title: Surname: Given Name(s):
Student ID Number:
Phone:

1. In providing my personal information to Avondale, I understand that, other than as authorised by law, this information will only be used for the purposes for which it is being collected in accordance with the Avondale's functions and activities associated with my enrolment. The information collected will not be disclosed to third parties, except to meet government, legal or other regulatory authority requirements. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the Avondale's policies.
2. I consent to relevant information being provided by my medical/health practitioner and agree that they may provide verification of this certificate if requested by Avondale. I understand that I must retain the originals of any documents submitted in support of my request and that Avondale may require the originals to be supplied at any time during my enrolment.
3. Provision of this certificate does not automatically result in approval of the request.

Student signature*: Date:

*Only required if submitting in person or by post.

CERTIFICATE (To be completed by the Professional Practitioner)

Name of practitioner: Provider/Practitioner's Number:
Address:
Phone:

I declare that I had a consultation with: on (date):

and in my opinion have

Determined the student is suffering from OR

Determined the student is suffering from an illness / issues of a confidential nature.

We have discussed the nature of the illness/issues the student is suffering and I have determined that the student is unable to meet their university requirements.

From (date) To (date)

Additional comments:

Additional comments:

I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise Avondale University to contact me or my office to confirm authenticity of this document:

Practitioner's signature: Date**:

**This is the date that the certificate was written and issued.