

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.

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.

Student Details

STUDENT NAME

DATE 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.

SEVERITY	FROM DATE		TO DATE	
<input type="checkbox"/> Totally unable to study	/	/	/	/
<input type="checkbox"/> Very severely affected	/	/	/	/
<input type="checkbox"/> Severely affected	/	/	/	/
<input type="checkbox"/> Moderately affected	/	/	/	/
<input type="checkbox"/> Slightly affected	/	/	/	/
<input type="checkbox"/> Unable to assess				

Practitioner Details

PRACTITIONER NAME

NAME OF PRACTICE

ADDRESS

SUBURB

STATE

POSTCODE

PHONE NUMBER

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

SIGNATURE

PROVIDER NUMBER AND STAMP

DATE

