

# PROFESSIONAL PRACTITIONER CERTIFICATE



This Professional Practitioner Certificate is to be completed by a registered medical/health practitioner for a student whose study or attendance has been affected by illness, injury, or carer's duties. Guidelines for completing this form are included on page 3.

## 1. STUDENT DETAILS AND AUTHORITY

Student number \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Full Name \_\_\_\_\_

I hereby consent to relevant information being provided by my medical/health practitioner and agree that they may provide verification of this certificate if requested by CQUniversity.

Signature

Date

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## 2. PRACTITIONER ASSESSMENT

I \_\_\_\_\_ (name), a registered medical/health practitioner, declare that I had a consultation with the above student on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and in my opinion have:

determined the student is suffering from \_\_\_\_\_ OR

determined the student is suffering from an illness of a confidential nature.

We have discussed the nature of the illness that the student is suffering and I have determined that in regards to the student's capacity to attend classes, learn or complete assessment requirements, the student has been assessed as:

Tick	Degree of Impact	From (date)	To (date)
	<b>Totally unable to study:</b> The condition has affected the student to such an extent that they are totally unable to undertake assessment tasks/attend classes		
	<b>Very severely affected:</b> The condition has seriously impacted on the students ability to complete an assessment task at their normal level of competence/attend classes		
	<b>Moderately affected:</b> The condition has caused considerable discomfort to the student, but has not had a severe impact upon their ability to complete assessment tasks/attend classes		
	<b>Not affected:</b> The condition has no impact upon their ability to undertake their assessment tasks/attend classes		
	Unable to assess impact:		

Additional Comments:

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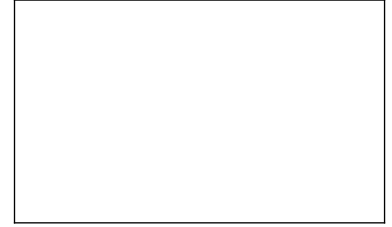
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### 3. PRACTITIONER DETAILS

Practitioner name \_\_\_\_\_

Address \_\_\_\_\_

Contact No \_\_\_\_\_ Provider / Registration No \_\_\_\_\_



Medical/Health Practitioner's stamp

I declare that I am not a family member and do not have a close or personal relationship with this student.

I authorise CQUniversity to contact me or my office to confirm authenticity of this document:

Signature \_\_\_\_\_ Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### 4. IMPORTANT PRIVACY INFORMATION

Personal information collected on this form will be used and stored by CQUniversity Australia to facilitate the processing of this application for Consideration of Special Circumstances. Information collected on this form can be disclosed without consent when required by law. Any other provision of personal information will be authorised and in accordance with CQUniversity's Privacy Policy and Procedure and the *Information Privacy Act 2009* (Qld).

Individuals have the right to access personal information within CQUniversity held about them, subject to any exceptions in relevant legislations. Should any individual wish to seek access to their personal information, they are to contact the Coordinator Records and Privacy email [privacyrti@cqu.edu.au](mailto:privacyrti@cqu.edu.au).

# GUIDELINES FOR PROFESSIONAL PRACTITIONER CERTIFICATE

Thank you for taking the time to help CQUniversity assess the impact of illness, injury or carer's duties on this student's ability to meet their study commitments.

These guidelines have been written to assist you, as a medical/health practitioner, to understand the purpose and use of the University's Professional Practitioner Certificate in the University's Consideration of Special Circumstances Policy and Procedure.

## USE OF THE PROFESSIONAL PRACTITIONER CERTIFICATE

The CQUniversity recognises that sometimes students may need to withdraw from their units due to medical or health-related reasons.

This certificate is included in the application that a student submits to the University for withdrawal due to special circumstances. It will allow the University to verify the student's claim and to determine whether their circumstances meet the criteria of Special Circumstances

## WHAT ARE THE CRITERIA FOR CONSIDERATION OF SPECIAL CIRCUMSTANCES?

Special circumstances are considered:

- a) circumstances beyond a student's control
- b) circumstances that did not make their full impact until on or after the census date (or equivalent), and
- c) circumstances that make it impracticable for the student to complete the requirements.

Students must be able to demonstrate that their circumstances caused them to be totally or significantly unable to:

- a) attend sufficient classes or meet other compulsory attendance requirements,
- b) complete any necessary private study or preparation for completing compulsory unit of study requirements,
- c) complete compulsory assessment tasks or requirements, or
- d) meet any other coursework requirements relevant to the affected unit/s of study.

Please be aware that the University has a variety of support services available for students who may be suffering chronic illness or disability. They include disability services (for assessment and examination adjustments), counselling and psychological services and financial assistance. For more information please refer to

<https://www.cqu.edu.au/study/experience/support>

## WHAT INFORMATION MUST A PROFESSIONAL PRACTITIONER CERTIFICATE INCLUDE?

The Professional Practitioner Certificate is to be completed by a registered medical/health practitioner within the scope of their practice, who is not a family member or has a close or personal relationship with the student.

The Professional Practitioner Certificate must include:

1. The practitioner's name, contact details, provider or registration number and signature;
2. The date of consultation;
3. An **evaluation** by the practitioner, psychologist etc. of the duration and degree of impact on the student's ability to attend classes, study or complete assessment requirements;
4. The date the certificate was written and signed

Please issue the certificate in line with any guidelines provided by your professional association and only in respect of an illness, injury or carer's duties that you have observed. Please do not provide post-dated certificates, as these will not be accepted by the University.