

## Professional Authority Form

This form is to be completed by a registered medical/health practitioner, psychologist, minister of religion, or counsellor for a student whose class attendance or academic performance in an assessment item(s), including examinations, has been affected by illness, injury or other causes. Such causes include:

- serious illness or psychological condition.
- bereavement
- hardship/trauma

### Section A – To be completed by student.

Student ID Number: ..... FAMILY NAME: ..... GIVEN NAME:.....

I hereby consent to relevant information being provided by my medical/health practitioner, psychologist, minister of religion, or counsellor and agree that they may provide verification of this certificate if requested by UTS College. I understand that I must retain the originals of any documents submitted in support of class attendance and/or a special consideration request, and that UTS College may require the originals to be supplied at any time during my enrolment.

I confirm my understanding that knowingly making false or misleading claims of extenuating circumstances or altering or falsifying any documentary evidence (e.g. medical certificate, professional authority form, or other supporting documentation) may be considered an act of student misconduct and may be dealt with in accordance with the Non-Academic Misconduct policy.

Student's Signature ..... Date ..... /...../.....

**Section B – To be completed by a medical or health practitioner (see attached guidelines)**

I ..... (Practitioner’s name), a registered medical/ health practitioner, declare that I had a consultation with the above student on ..... /...../..... and in my opinion have determined that in regard to the student's capacity to attend classes and learn or complete assessment requirements, the student has been assessed as:

Select	Degree of Impact	From (Date)	To (Date)
	<b>Totally unable to study</b>		
	<b>Very severely affected</b>		
	<b>Moderately affected</b>		
	<b>Not affected</b>		
	<b>Unable to assess impact</b>		

**REMARKS:** please indicate the nature of illness/symptoms; or other cause, including restrictions on capacity or functionality and other relevant information (attach additional report or documentation if necessary)

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I ..... (Practitioner’s name), declare that I am not a family member and do not have a close or personal relationship with this student. I authorise UTS College to contact me or my office to confirm the authenticity of this document.

Practitioner’s address: .....

Provider Number: .....

Practitioner’s contact number: .....

Practitioner’s Signature .....

Date ...../...../.....

Please affix your practice stamp or seal to certify authenticity.

## Guidelines for the Medical/Health Practitioner, Psychologist, Minister of Religion, or Counsellor to complete Section B

Thank you for taking the time to help UTS College (the College) to assess the impact of illness, injury, or other causes on this student. The information you provide here will ensure that the College's assessment process is fair and equitable.

These guidelines have been written to assist you, as a medical/health practitioner, psychologist, minister of religion, or counsellor to understand the purpose and use of this form in the College's attendance requirements and special consideration process.

Special consideration means an adjustment that may be granted to the student to compensate for circumstances that have impacted on the student's ability to demonstrate their learning achievements in an assessment.

1. This form is included in the application that a student submits to the College. It will allow the College to verify the student's claim and to determine the form of consideration to be made in light of the student's situation.
2. The information you supply on this form will be available only to those staff who need access to it in order to carry out their duties.
3. Section B of this form 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.
4. Section B of this form must include:
  - a. The practitioner's name, contact details, provider or registration number and signature.
  - b. The date of consultation.
  - c. An evaluation by the practitioner, psychologist etc, of the duration and degree of impact on the student's ability to attend classes, to study or complete assessment requirements.
5. Please issue this form in line with any guidelines provided by your professional association and only in respect of an illness or injury that you have observed. Please do not provide post-dated forms, as these will not be accepted by the College.