

PROFESSIONAL PRACTITIONER CERTIFICATE



The Professional Practitioner Certificate is to be completed by a registered medical / health practitioner / psychologist / dentist / counsellor etc.

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;
- | 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;
- | 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 University's regulations.

It should be noted that stress or anxiety associated with exams will not normally be considered unless a psychologist/psychiatrist's report has been lodged with the Avondale University Equity Office (see below).

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 University officer with their other documentation.
4. Provision of this certificate does not automatically result in approval of the request.
5. Approval of such applications may only be granted to students who are legitimately disadvantaged due to factors beyond their control.
6. Avondale University 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 or long-term disabilities that may impair examination or assessment performance should visit the Equity Office 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 Office. 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 Office and ensure that a psychologist's or psychiatrist's report has been lodged.

PROFESSIONAL PRACTITIONER

CERTIFICATE



TO BE COMPLETED BY THE STUDENT PRIOR TO ATTENDING ANY PROFESSIONAL PRACTITIONER

Title: _____ Surname: _____ Given Name(s): _____

Student ID Number: _____

Phone: _____

1. In providing my personal information to Avondale University, 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 University'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 Avondale University'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 University. I understand that I must retain the originals of any documents submitted in support of my application and that Avondale University may require the originals to be supplied at any time during my enrolment.
3. I understand that provision of this certificate does not automatically result in approval of the request.

Student signature*: _____ Date: _____

*Only required if submitting in person.

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: _____

I declare that I am not a family member of the student 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.