

INSTRUCTIONS TO STUDENTS

This Certificate must be completed by a treating practitioner who can verify a health condition which they are qualified to authenticate. An incomplete certificate may result in your application being ineligible.

- If you are applying for [Withdrawal without Financial and Academic Penalty](#), please ensure you have read the University's [procedure](#).
- If you are applying for [Special Consideration](#) please ensure you have read the University's [procedure](#).
- Please ensure you submit the practitioner signed copy of this form with your application
- If your circumstances are **affecting your study for longer than 1 study period consider registering with AccessAbility at JCU.**

By the provision of this document with your application, you are confirming all information supplied by you for the purposes of your application is complete, true and correct and you are giving permission for the James Cook University to contact the treating practitioner to verify the information on this form if needed.

INSTRUCTIONS TO TREATING PRACTITIONER

Thank you for providing information to assist James Cook University assess the impact of this student's circumstances on their studies. The information you include on this form will be used to verify the student's application for Special consideration or Withdrawal without Financial and Academic Penalty.

By completing this form, you are verifying that:

- the student has been affected by a health condition
- staff at the James Cook University can contact you to verify the authenticity of this document

Practitioner's Name: _____

Signature: _____

Date: _____

Professional
practitioner's stamp
OR Email address,
Contact Number and
Practicing Address

STUDENT DETAILS

First Name: _____ **Family Name:** _____ **Student ID:** _____

I have assessed that the student has been hampered, to a significant degree, by health condition or special situation from undertaking or preparing an academic activity as ticked below.

Start Date of Condition: _____ **End Date of Condition:** _____

If circumstances were pre-existing to the start date, please explain **when** and **how** the circumstances worsened:

DETAIL OF IMPACT - Please tick which activities the student was unable to undertake or were significantly disadvantaged due to their condition

- | | | |
|--|---|--|
| <input type="checkbox"/> Submit a Assessment | <input type="checkbox"/> Sit an On Campus Examination | <input type="checkbox"/> General Performance |
| <input type="checkbox"/> Attend a Clinical Placement | <input type="checkbox"/> Sit an Online Examination | <input type="checkbox"/> Attend or Submit an Oral or |
| <input type="checkbox"/> Attend Professional Placement | <input type="checkbox"/> Attend a Mandatory Class | Practical Assessment |

Further information on how the student's circumstances impacted on their ability to complete, attend or prepare for the academic assessment task/s by the designated deadline/s can be included below: