

Professional Practitioner Certificate

For Removal of Course due to Special Circumstances (Higher Education Support Act (2003) (Cth) (HESA) s 97-30)

This form is to be completed by an AHPRA registered medical/health practitioner following an in-person or via tele-health consultation for a student applying for a Removal of Course due to special circumstances. Guidelines for completing this form are included on page 2. Please provide clinical information only within your professional expertise. The University of Queensland (UQ) will use this to make its decision under HESA.

Student Details and Authority (to be completed by student)

Student Full Name

Student Number

Date of Birth

Privacy and Consent Notice

By submitting this form to UQ, I acknowledge and agree that:

- ☐ **Consent to collection of sensitive information:** I consent to my practitioner providing UQ with clinical and other sensitive information that is reasonably necessary for, or directly related to, UQ assessing my application under the Higher Education Support Act (2003) (Cth) (HESA) and administering my enrolment.
- ☐ **Collection from a third party:** I consent to UQ collecting this information from my practitioner or their practice, rather than directly from me, for the purposes outlined below.
- ☐ **Purpose of collection, use and disclosure:** I understand that UQ will collect, use and disclose my personal and sensitive information only for the purposes of:
 - assessing my application under HESA;
 - verifying attendance, authorship, consultation dates and the authenticity of medical or supporting documentation;
 - contacting my practitioner or their practice solely for the above verification purposes; and
 - administering my enrolment and related student processes.
- ☐ **Limitation to Australia and Australian practitioners:** I understand and acknowledge that my personal and sensitive information will only be collected, used and disclosed within Australia, and that any contact with, or disclosure to, practitioners will be limited to Australian registered and Australian based medical or health practitioners and their practices, unless the collection, use or disclosure is required or authorised by Australian law or a court or tribunal order.
- ☐ **Limited disclosure:** I understand that UQ will not use or disclose my information for any other purpose, including to any overseas recipient, unless required or authorised by law or with my further consent.
- ☐ **Lawful handling of information:** I understand that my personal and sensitive information will be handled in accordance with UQ's obligations under the Information Privacy Act 2009 (Qld), UQ's Privacy Policy, and UQ's Privacy Management Procedure.
- ☐ **Access and correction:** I understand that I may request access to, or correction of, my personal information held by UQ in accordance with applicable privacy laws.
- ☐ **Further information:** I understand that if I have questions or concerns about privacy at UQ, I may contact UQ's Right to Information and Privacy Office for further information or advice.

*If you submit the form online, no signature is required and your digital submission is sufficient.

Practitioner Assessment (to be completed by practitioner)

I, _____ (name), a registered medical/health practitioner, declare that I had a consultation with the above student on _____ and that I have clinically assessed the student via tele-health or in-person consultation and:

- ☐ Determined that the student is suffering from _____; or
- ☐ Determined that the student is suffering from an illness of a confidential nature; or
- ☐ Based on information provided by the student, determined that the student suffered from _____ over the period between _____
- ☐ Based on information provided by the student, determined that the student suffered from an illness of a confidential nature over the period between _____

Onset date of the student's condition or the date it significantly worsened? _____

What date did the special circumstances impact the student to a degree that may have made it impracticable for them to complete the requirements of their course(s)? _____

Please select the most appropriate description for the period claimed:

- ☐ **Totally unable to study:** The condition has affected the student to such an extent that they are totally unable to undertake assessment tasks, attend classes or participate in placement.
- ☐ **Very severely affected:** The condition has seriously impacted the student's ability to complete an assessment task at their normal level of competence, attend classes or participate in placement.
- ☐ **Moderately affected:** 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 or participate in placement.
- ☐ **Not affected:** The condition has no impact upon their ability to undertake their assessment tasks, attend classes or participate in placement.
- ☐ **Unable to assess impact:** insufficient information.

In your clinical view, were the circumstances beyond the student's control (i.e. not cause by their action/inaction and unusual or uncommon/)? ☐ Yes ☐ No

If the student successfully completed other subjects during the same period/semester in which the special circumstances impacted, please provide any clinical explanation for differential impact (if known)

Previous consultation dates for this condition

Additional clinical comments (within your professional scope only)

Practitioner Details

Practitioner Name

Address

Contact Number

AHPRA Provider Number

I declare that I am not a family member and do not have a close personal relationship with the student. I authorise UQ to contact me or my practice to confirm authenticity of this document:

Signature

Date

Provider stamp

Guidelines for Professional Practitioner Certificate

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

UQ recognises that sometimes students are unable to complete or pass a course due to special circumstances beyond their control.

UQ permits students to apply for the removal of academic and financial penalties under the [Removal of Courses Due to Special Circumstances Procedure](#).

In accordance with [HESA](#), UQ must be satisfied that circumstances apply to the student that:

- were beyond their control and which a reasonable person would consider to not be due to the student's action or inaction, either direct or indirect; and
- did not make their full impact until on or after the census date for the unit of study; and
- made it impracticable for the student to complete the requirements for the unit during the period during which the student undertook or was to undertake the unit.

You are not asked to decide on the above factors, but only to provide clinical facts on timing and functional impact. Please provide only information reasonably necessary to evidence timing and functional impact.

If the condition is confidential, please select this option and describe functional limitations only.