

To be completed by a medical/health practitioner registered with the **Australian Health Practitioner Regulation Agency (AHPRA)**.

In accordance with the Higher Education Support Act (2003) / terms of the Application for Refund & Remission of Fees, students with special circumstances must demonstrate their circumstances satisfy all of the criteria below:

- Were beyond their control;\* 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 person to complete the requirements for the unit during the period during which the person undertook or was to undertake the unit.

All applications submitted must satisfactorily demonstrate and meet all the requirements above, and must demonstrate that their circumstances were *unusual, uncommon, or abnormal*.

## **To be completed by student**

\*If applying for multiple study periods, a separate application and supporting documentation must be submitted for each individual study period. Applications and/or medical certificates that reference multiple study periods will not be accepted.

Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Course: \_\_\_\_\_

Study Period: \_\_\_\_\_ Census Date: \_\_\_\_\_

### **Authorisation:**

- I hereby authorise the release of my information by the medical/health practitioner should the University require further information
- I confirm that the information regarding my health condition that I have given to my doctor is true and correct

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **To be completed by a registered MEDICAL/HEALTH PRACTITIONER**

*The information provided on this form will help us to assess this student's application for a refund/remission of fees. Applications will be assessed in conjunction with other information obtained from their student records and in line with government requirements. No guarantee is made that the application will be successful.*

I have examined the patient face-to-face and certify that special circumstances impacted the above named student to the extent that the student was unable to complete the requirements of the abovementioned subject(s). **YES / NO**

### **Please specify:**

1. Did the student's condition occur prior to the abovementioned census date?

Yes, occurred on \_\_\_\_\_ and then worsened/deteriorated on: \_\_\_\_\_  
(provide date or date range)

No, current condition occurred on: \_\_\_\_\_  
(provide date or date range)



4. If the student’s circumstances were pre-existing, please explain how an exacerbation or deterioration of their circumstances was unusual/uncommon/abnormal:

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5. If the student successfully completed and/or is continuing with other units within the same study period, please explain the reason(s) the student was unable to complete the requirements for only the unit(s) for which student is seeking fee refund/remission:

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6. As the student’s regular medical/health practitioner, I would support and recommend:

- Full study period withdrawal (no units/studies to be undertaken in the study period)
- Partial enrolment withdrawal (reducing study load)  
Confirm number of units the student is fit to complete in the study period: \_\_\_\_\_
- Do not support the withdrawal of units (no change in enrolment, student was/is fit to continue with studies)

7. In my opinion the student will be/was fit to resume studies from: \_\_\_\_\_  
(provide date)

**Declaration:**

I declare that

- the student presented to me in person
- the information provided is based on my: *(select all that apply)*
  - professional opinion
  - examination
  - student's medical history
- I am not a family member and do not have a close or personal relationship with this student

Medical/health practitioner's name: \_\_\_\_\_

Medical/health practitioner's AHPRA registration number: \_\_\_\_\_

Practice name: \_\_\_\_\_

Address of practice: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of medical/health practitioner: \_\_\_\_\_

Date: \_\_\_\_\_



Medical/Health Practitioner's Stamp