

PROFESSIONAL AUTHORITY FORM

ALL FIELDS MUST BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL
OR PROFESSIONAL WITHIN MACQUARIE UNIVERSITY CAMPUS WELLBEING AND SUPPORT SERVICES

1. INSTRUCTIONS TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION

We appreciate your help in providing information regarding the student's health condition(s). The information that you provide will enable the University to determine the impact of the impairment on the student's ability to meet academic assessment requirements. Within the limits of confidentiality, this form and/or certificate, must describe the nature and impact of the student's problem so that an assessment of the possible effects on academic performance can be made.

2. PERSONAL DETAILS OF STUDENT

Student number:

Family Name:

Other Names:

3. CONSULTATION

Date of Consultation:

Duration of condition

From:

To:

NOTE: For chronic health conditions, only complete this form if there has been a considerable and unpredictable exacerbation of symptoms that have impacted the student's academic functioning.

Nature of condition: Please provide a plain English description of any restrictions on the student's academic functioning (eg reading, writing, learning, memory, concentration etc) as a result of the health condition(s); details of the medical diagnosis are NOT required:

Impact of condition: Please indicate your evaluation of the likely impact of the health condition(s) on the student's ability to attend class, learn, retain or complete assessment requirements by marking the scale below.

1
2
3
4
5

Able to study
Limited capacity to study
Unable to study

Signature of Professional Authority:

Name and Title:

Provider or Registration Number:

Phone Number:

Stamp of Professional Authority

The University collects the personal information from the student identified above to enable their request for special consideration to be considered. Personal information held by the University is subject to the Privacy and Personal Information Protection Act 1998. Where the information collected includes health information as defined under the Health Records and Information Privacy Act 2002, references to personal information in this notice will be taken to also apply to health information. The University may disclose the personal information provided on this form to other University staff involved in the processing and assessment of the request for special consideration. The University will not otherwise disclose the information unless it has the student's consent or such disclosure is permitted or required by law. The provision of personal information is voluntary, but if a student does not provide the information requested, the University may be unable to process their request. Students who wish to access or inquire about the handling of their personal information may do so by contacting the University Privacy Officer by email at privacyofficer@mq.edu.au.

INSTRUCTIONS FOR STUDENTS: THIS PAF NEEDS TO BE UPLOADED TO ASK.MQ.EDU.AU AS PART OF YOUR APPLICATION