

Professional Practitioner Certificate

Thank you for taking the time to complete this form which will assist TAFE NSW in assessing the impact of illness, injury or misadventure on the student's ability to satisfy assessment requirements. This certificate will be used by the student to apply for special consideration, an extension to an assessment due date, or to explain why they were unable to attend an assessment such as an examination.

This section is to be completed by the student.

Student name: _____ Student number: _____

Course: _____ Campus: _____

I hereby consent to relevant information being provided by my medical/health practitioner and consent to further information being provided if requested by TAFE NSW.

Student's signature: _____ Date: _____

This section is to be completed by a registered health practitioner.

I consulted with the above named student on ___/___/___ (date) and in my opinion:

the student is suffering from: _____

OR

the student is suffering from an illness of a confidential nature.

I have discussed the nature of the illness with the student in regard to the student's capacity to attend classes or complete assessment requirements and have assessed the impact as per the degree of impact scale below.

Tick One	Degree of Impact	From	To
	Totally unable to study / undertake assessment / attend class.		
	Severely affected. The condition will seriously impact the student's ability to study / undertake assessment / attend class.		
	Moderately affected. The condition will not have a severe impact on the student's ability to study / undertake assessment / attend class.		
	Not affected. The condition has no impact on the student's ability to study / undertake assessment / attend class.		
	Unable to assess impact.		

Practitioner Details

Practitioner name: _____

Address: _____

Contact Number: _____ Provider Number: _____

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

Practitioner Stamp

Signature: _____ Date of issue: _____