

Application for Special Consideration for External Student Exams

To be completed by the relevant Health Professional that is managing/leading the episode of care e.g. the GP/NP/Midwife/Clinical Nurse Specialist/Counsellor (may include RN in some cases)

CONSULTATION MUST TAKE PLACE WITHIN 5 WORKING DAYS OF THE EXAMINATION(S) AFFECTED.

I certify that (insert student full name) _____
consulted with me on / / at (time) _____
and also on (additional time if applicable) _____
and on the day(s) of, or from 2 weeks preceding the exam, the student suffered the following illness, injury, or other critical personal circumstance:

Presenting concern & symptoms:

Assessment findings +/- investigations done (If applicable):

Impression & Treatment/Plan (If applicable):

Additional notes (If applicable):

Practitioner please note: The special consideration procedure require that sufficient detail be provided to make it clear that the student was not responsible for the illness or disability **and to make possible the refereeing of the application by the University's Health Team.**

All students should be advised to attempt their exam *unless* their impairment is **VERY SERIOUS.**

Examples of VERY SERIOUS impairment (please use clinical judgment)	
<p>MEDICAL APPLICATIONS</p> <ul style="list-style-type: none"> Acutely unwell with abnormal vital signs and/or other assessment findings (~24hrs pre/post exam date) Hospitalisation / surgery Cancer diagnosis/treatment Serious/new injury causing significant limitation in physical/mental state 	<p>COMPASSIONATE APPLICATIONS</p> <ul style="list-style-type: none"> Significant life event, that has had severe impact on the person Severe mental health challenges Severe exacerbation of existing mental health challenge <p>(may include but not limited to secondary care input, hospital admission)</p>

Please indicate the students' degree of impairment based on your assessment

Degree of Impairment <small>(Please only tick one per exam date. More than one box may apply when the application are for multiple exam dates).</small>	Select X	Dates Applicable <small>(When the application refers to impairment over multiple days).</small>
<p>Very serious impairment, such that the student was unable to attempt and/or prepare for the exam(s) <i>(I recommend that the student NOT sit the exam)</i></p>	<input type="checkbox"/>	
<p>Serious impairment, such that the student was probably unable to prepare adequately for the exam(s) OR the student was able to attempt and prepare for the exam(s), with substantial reduction in performance likely. <i>(The student should still attempt/have attempted the exam)</i></p>	<input type="checkbox"/>	
<p>Moderate impairment, such that the student was able to attempt and prepare for the exam(s) with some reduction in performance likely.</p>	<input type="checkbox"/>	
<p>Mild or no impairment, such that the student was able to attempt and prepare for the exam(s) with performance minimally affected.</p>	<input type="checkbox"/>	

Date: / /

Signed: (registered health professional/counsellor) _____

Name: (please print) _____

Title/Qualification: _____

Address: _____
