

INFORMATION FOR STUDENTS AND PRACTITIONERS

1. INSTRUCTIONS ON COMPLETING THIS FORM

Please read all pages of this form, and complete all relevant information on page 3.

Consult a Registered Medical or Dental Practitioner, Registered Midwife, Independent Nurse Practitioner, Psychologist or a Wintec Counsellor who will fill in page 4.

It is your responsibility to ensure that the application (pages 3 and 4 only) is returned to the Student Enrolment and Information Centre before the prescribed deadline (see 2b below).

If further information on aegrotat consideration procedures is required please contact the Student Enrolment and Information Centre.

Note: Aegrotat consideration is **only** available for achievement-based courses.

2. POLICY AND PROCEDURE

- a) Aegrotat consideration is available to students who, as the result of illness or injury, bereavement or some other exceptional circumstance beyond their control:
 - are seriously impaired in the preparation of work presented for assessment; or
 - are prevented from completing any test, examination or other assessment activity.
- b) Applications for aegrotat consideration must be made on the prescribed form which is available from the Student Enrolment and Information Centre (SEIC). The form must be received by SEIC for consideration by the Head of School not later than seven days after the module work was due to be submitted, or the test or examination was held. The Head of School may, in exceptional circumstances, accept an application after the seven days have elapsed, provided they have received satisfactory evidence of the reason for late submission, and are satisfied that the application has been submitted at the earliest possible opportunity. An application for aegrotat consideration received more than four weeks after the due date for the module work or the day of a test or examination, must be referred to the Office of the Dean for consideration.
- c) In the case of illness or injury or other medical circumstance, the aegrotat application form must be completed by a registered medical practitioner, registered midwife, independent nurse practitioner, dental surgeon, psychologist or Waikato Institute of Technology counsellor. The application must:
 - relate to a consultation which has taken place if possible before the assessment, or otherwise, within 24 hours of the assessment; and
 - clearly state the nature of the illness or injury, and the opinion of the practitioner of the effect of this on the student's ability to perform in an assessment.

Sufficient detail must be provided in the application to make it clear that the student was not responsible for the disability, and it should be in a form suitable for submission, in cases of doubt, to a qualified referee.

- d) In the case of bereavement or exceptional circumstances beyond the control of the student but not involving illness, satisfactory evidence of the bereavement or exceptional circumstances, and evidence of the effect of this on the student, must be provided. Such evidence should include the nature of the relationship which led to the personal grief or necessary absence.
- e) A student who fails to present work for assessment due to oversight or a lack of familiarity with the assessment requirements of any module, as published in the module outline, will not have grounds for making an aegrotat application.
- f) Where assessments are conducted on behalf of other agencies, eligibility for aegrotat and compassionate consideration will depend upon the regulations of those bodies.

LOCAL HEALTH CENTRES

Wintec Health & Counselling Centre (Health Practitioners/Counsellors)

A Block
Waikato Institute of Technology (City Campus)
Tristram Street
Hamilton

Redicare Family Practice & Injury Centre

(Wintec preferred after hours provider – discount provided for our registered Health Centre population)
Rostrevor Street
Hamilton

Anglesea Clinic

Cnr Anglesea and Thackeray Streets
Hamilton

A&M Central

750 Victoria Street
Hamilton

Accident & Emergency Dental Centre

481 Anglesea Street
Hamilton

Garden Place Dental Centre

(provide Wintec students with a discount)
3rd Floor
24 Garden Place
Hamilton

Hillcrest Dental Centre

(provide Wintec students with a discount)
153 Cambridge Road
Hamilton

SECTION A
(to be completed by student after reading Page 1)

1. Both Section A and Section B must be completed and handed in to the Student Enrolment and Information Centre within 7 days of the assessment (refer Page 1).
2. Please ensure that Section B of this application is completed by a Registered Medical or Dental Practitioner, Registered Midwife, Independent Nurse Practitioner, Psychologist or a Wintec Counsellor.
3. If it is the opinion of Wintec that you were physically able to present yourself for the assessment but did not do so, it is unlikely that aegrotat consideration will be approved.

Student ID Number			
First Names			
Last / Family Name			
Number / Street			
Suburb			
City	Post Code		
Telephone (Home)	Work		
Programme of Study			

Assessment(s) affected:

Module Code	Module Name	Test, Exam or other Assessment Work	Assessment Date	Did you attempt assessment?

DECLARATION

a. ABSENCE

I was unable, through illness or on compassionate grounds, extending from _____ to _____ to attend/complete assessment(s) for the following reasons:

Or:

b. IMPAIRMENT

My performance in the assessment(s) that I did complete was / were seriously impaired in the following ways:

I authorise my Registered Medical or Dental Practitioner, Registered Midwife, Independent Nurse Practitioner, Psychologist or a Wintec Counsellor to release relevant information to the organisation for assessment purposes.

Signature of student Date

I have attached the following items in evidence (e.g. death notice from newspaper or other etc):

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SECTION B

REGISTERED HEALTH PROFESSIONAL OR WINTEC COUNSELLOR CERTIFICATE

This page is to be completed by a Registered Medical or Dental Practitioner, Registered Midwife, Independent Nurse Practitioner, Psychologist or a Wintec Counsellor and then handed to the student.

(If confidentiality is required please seal this sheet in an envelope.)

Aegrotat consideration is available to students who, as the result of illness or injury, bereavement or some other exceptional circumstance beyond their control:

- are seriously impaired in completing any test, examination or other assessment activity, or
- are prevented from completing any test, examination or other assessment activity

I certify that I examined (full name) on

Complete the following statements where applicable:

ABSENCE

a. It is my opinion that [] is unable to complete the assessment on / / 20 at (time) :

because:

- b. S/he has a temporary condition which makes attendance for this assessment physically impossible. Yes / No
- c. Attending this assessment will probably severely aggravate his/her condition. Yes / No
- d. His/her attendance at this assessment will significantly endanger the health of other students. Yes / No

IMPAIRMENT

Either:

a. It is my opinion that the nature of 's illness, injury or circumstance is such that assessment performance is **unlikely** to be seriously impaired.

Or:

b. It is my opinion that the nature of 's illness, injury or circumstance is such that the assessment performance will be **seriously impaired** in these ways:

Name

(Registered Medical or Dental Practitioner, Registered Midwife, Independent Nurse Practitioner, Psychologist or a Wintec Counsellor)

Signature Date / / 20

Practice Address

Telephone