**PROFESSIONAL PRACTITIONER STATEMENT**

**APPLICATION FOR AMENDMENT TO ENROLMENT AND FEES**

**The University of Adelaide seeks your professional assistance in providing supporting documentation for the below student’s application for Amendment to Enrolment and Fees due to special circumstances. The application may result in a change of grade to Withdraw not Fail and a remission or refund of fees for the courses/units attempted. If you require additional space or prefer to send your supporting documentation as an attachment to this form, please provide this on letterhead quoting relevant provider or registration numbers. This form can be completed by a General Practitioner, Counsellor, Psychologist, Psychiatrist, Social Worker, and qualified external parties that can support the student’s application.**

The information provided by you and the student will be treated in accordance with the ***Privacy Act 1988***, the University's Privacy Policy and Privacy Management Plan and any other relevant University policies and guidelines. The information supplied is used solely for the purpose of assessing the student’s application. The authority to collect this information is contained in the ***Higher Education Support Act (HESA) 2003***.

The student must be able to provide independent supporting documentation to demonstrate special circumstances that:

* **were beyond their control,**

(*i.e., A situation occurs which a reasonable person would consider is not due to a person’s action or inaction, either direct or indirect, and for which a person is not responsible. The situation must be unusual, uncommon, or abnormal. A lack of knowledge or understanding of program requirements and census dates is not considered beyond their control)*

* **did not make the full impact on them until on or after the census date, and**

*(Establish a timeline of specific dates and correlate it with the relevant study period. If their special circumstances were before the census date, the professional practitioner will need to explain how it prevented them from dropping)*

* **make it impracticable for them to complete the unit / course.**

*(i.e., Made it impracticable, not simply difficult or challenging, for them to meet compulsory attendance requirements, complete required assessments or sit required examinations or any other course requirements)*

If the special circumstances occurred prior to the census date, the documentation needs to demonstrate how the special circumstances prevented them from dropping the courses within the deadline. More information can be found at: <https://www.adelaide.edu.au/enrol/forms/students-only/amendment-to-enrolment-and-fees>

The completed form can be returned to the student for submission with their application.

**SECTION A: TO BE COMPLETED BY THE STUDENT**

**Please note: forms without the correct census date will not be accepted and you will need to provide a new one to the professional practitioner for completion. You need to submit a separate form for each study period for which Special Circumstances is claimed.**

|  |  |
| --- | --- |
| Full name: |  |
| Date of birth: |  |
| Study Period & Census Date\*: |  |

\*The Census Date can be found on the Critical Dates page at: <https://www.adelaide.edu.au/student/dates/critical>

**I understand that the professional practitioner who completes Section B may be contacted to confirm the authenticity of this document, but not to verify further details of my situation. It is my responsibility to provide the relevant details to support my application. I declare that this form was not completed by a friend or family member. I understand that providing false or misleading documentation may constitute misconduct and result in disciplinary action.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SECTION B: TO BE COMPLETED BY A PROFESSIONAL PRACTITIONER**

1. **Please advise the impact of the student’s special circumstances and applicable period(s):**

|  |  |
| --- | --- |
| **What date did you first consult with the student regarding their special circumstances:** | **(dd/mm/yyyy)** |
| **Tick** | **Degree of Impact** | **From(dd/mm/yyyy)** | **To (dd/mm/yyyy)** |
|  | **Completely unable to study:** The special circumstances completely prevented the student from completing assessment tasks/ attending classes.  |  |  |
|  | **Affected:** The special circumstances affected the student to the extent that they could not perform satisfactorily at completing assessment tasks/ attending classes. |  |  |
|  | **Not affected:** The special circumstances did not impact their studies.  |  |  |

1. **If the special circumstances occurred prior to the relevant census date, please explain how the special circumstances prevented the student from dropping their courses.**

|  |
| --- |
|  |

1. **Please provide any further details of the student’s special circumstances and in what manner they impacted the student’s ability to successfully complete the requirements of the unit/course(s):**

|  |
| --- |
| ***Please note, you do not need to disclose the medical condition*** |

**SECTION C: PROFESSIONAL PRACTITIONER DETAILS**

|  |  |
| --- | --- |
| Name:  |  |
| Address: |  |
| Contact no: |  |
| Email address: |  |
| Provider/Registration No: |  |

Provider Stamp (if applicable)

**I declare that I am not a friend or family member of this student. I authorise the University of Adelaide to contact me or my office to confirm authenticity of this document:**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_