

PROFESSIONAL PRACTITIONER CERTIFICATES

A guide for medical/health practitioners of Curtin University students.

Refund and Remission is an umbrella term used by Curtin University to describe processes involving refunding or remitting debt related to unit fees. The criteria are set by the Australian Government.

The most common process is "withdrawal under special circumstances" where a student was unable to pass a unit(s) due to circumstances beyond their control.

Curtin's Professional Practitioner Certificates are primarily used to support applications for Refunds and Remissions. They can also be used to support Requests for Review of Terminated Status.

Professional Practitioner Certificate



To be completed by a medical/health practitioner registered with the Australian Health Practitioner Regulation Agency (AHPRA).

In accordance with the Higher Education Support Act (2003) / terms of the Application for Refund & Remission of Fees, students with special circumstances must demonstrate their circumstances satisfy all of the criteria below:

- Were beyond their control;* and
- Did not make their full impact until on or after the census date for the unit of study; and
- Made it impracticable for the person to complete the requirements for the unit during the period during which the person undertook or was to undertake the unit.

All applications submitted must satisfactorily demonstrate and meet all the requirements above, and must demonstrate that their circumstances were *unusual, uncommon, or abnormal*.

To be completed by student

*If applying for multiple study periods, a separate application and supporting documentation must be submitted for each individual study period. Applications and/or medical certificates that reference multiple study periods will not be accepted.

Student ID: _____ Student Name: _____

Course: _____

Study Period: _____ Census Date: _____

Authorisation:

- I hereby authorise the release of my information by the medical/health practitioner should the University require further information
- I confirm that the information regarding my health condition that I have given to my doctor is true and correct

Student Signature: _____ Date: _____

To be completed by a registered MEDICAL/HEALTH PRACTITIONER

The information provided on this form will help us to assess this student's application for a refund/remission of fees. Applications will be assessed in conjunction with other information obtained from their student records and in line with government requirements. No guarantee is made that the application will be successful.

I have examined the patient face-to-face and certify that special circumstances impacted the above named student to the extent that the student was unable to complete the requirements of the abovementioned subject(s). YES / NO

Please specify:

1. Did the student's condition occur prior to the abovementioned census date?

Yes, occurred on _____ and then worsened/deteriorated on: _____
(provide date or date range)

No, current condition occurred on: _____
(provide date or date range)

Complete "NO" line if the condition only occurred after the census date.

Please be sure to complete this question.

Complete "YES" line where the student has a known medical issue, but the symptoms persisted/worsened.

For example: This could be due to medication or psychosocial impacts exacerbating a condition, or medication was not effective in the treatment of a condition.

Occurred on (date student attended) and then worsened (subsequent appointment date)

4. If the student's circumstances were pre-existing, please explain how an exacerbation or deterioration of their circumstances was unusual/uncommon/abnormal:

Only complete this question if circumstances are pre-existing.

If you had ticked "Yes" to question 1 on page 1, "Yes, occurred on XX then worsened/deteriorated on: XX":

Briefly outline the pre-existing issue and how it was being managed. Then describe the incident/situation that caused the deterioration.

For example: Mental Health diagnoses e.g. depression, or physical conditions e.g. arthritis, may have pre-existed and were being managed by medication. An accident or environmental factor caused a deterioration in the condition that requires intervention.

5. If the student successfully completed and/or is continuing with other units within the same study period, please explain the reason(s) the student was unable to complete the requirements for only the unit(s) for which student is seeking fee refund/remission:

The answer to this question depends upon whether the student was able to pass some assessments and/or units but failed others.

This needs to be completed in consultation with the student.

If student passed some assessments/units and not others, the student needs to articulate to you the differences in assessments for the units they enrolled in and which assessments they passed and which ones they failed.

The student may have completed some assessments for other units before they became ill, which prevented them from completing the remaining assessments.

For example: Different units have different modes of assessments. If the student was able to complete take home assessments but was unable complete timed assessments such as exams, please explain why.

6. As the student's regular medical/health practitioner, I would support and recommend:

- Full study period withdrawal (no units/studies to be undertaken in the study period)
- Partial enrolment withdrawal (reducing study load)
Confirm number of units the student is fit to complete in the study period: _____
- Do not support the withdrawal of units (no change in enrolment, student was/is fit to continue with studies)

7. In my opinion the student will be/was fit to resume studies from: _____
(provide date)

If this form is being completed retrospectively - please consult with student on their enrolments for the semester for which they are seeking a Refund and Remission.

The student may already have returned to study and may be fit to continue. If this is the case, this date can be the commencement of their current semester.

Professional Practitioner Certificate



Declaration:

I declare that

- the student presented to me in person
- the information provided is based on my: *(select all that apply)*
 - professional opinion
 - examination
 - student's medical history
- I am not a family member and do not have a close or personal relationship with this student

Medical/health practitioner's name: _____

Medical/health practitioner's AHPRA registration number: _____

Practice name: _____

Address of practice: _____

Telephone no.: _____

Email: _____

Signature of medical/health practitioner: _____

Date: _____

Medical/Health Practitioner's Stamp

Please ensure all contact details are clear and correct.

Curtin is likely to seek verification of the document.