# ROFESSIONAL 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

Student Signature:	Date:
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#### 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 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 dat	e?
	Yes, occurred on and then worsened/deteriorated on:	
		(provide date or date range)
	No. current condition occurred on:	

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

(provide date or date range)

#### Please be sure to complete this auestion.

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)

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#### **Professional Practitioner Certificate**



2. Please indicate below the impact of the condition on the student's ability to complete the requirements of the unit(s):

(i.e. unable to attend classes, submit assignments, complete tests / examinations / placements / fieldwork)

٧	IMPACT	
	Severe Impact	
	The impact of the condition is sense, in pature and the student is severely affected. The student could not	
	complete the requirements of the unit(s)	
	Moderate Impact	
	The condition has caused considerable personal impact to the student, but has not	
	upon their ability to complete the asses, went task/attend classes	
	Minor/No Impact	
	The condition did not have a significant impact on the state of ability to complete study	
	Unable to Assess	
	The impact of the condition is not able to be determined (e.g. no medicar not be condition, there	
	was no visible evidence of the condition)	

Please provide details of the special circumstances and in what manner they affected the student's ability to complete the requirements of the unit(s). Please attach a separate page if required. **IMPORTANT:** If you are not able to declare that the student's condition had a **Severe Impact** on their ability to complete the requirements of the unit, you do not need to complete the rest of this form.

Generally, applications that are unable to demonstrate there was a **Severe Impact** will not be successful.

**Severe Impact** indicates to Curtin that there was an impact on the student's ability to complete assessment task(s)/attend classes.

This can be retrospective if the student presented in the past 12 months.

Moderate Impact or less indicates to Curtin that there was NO impact on the student's ability to complete assessment task(s)/attend classes.

Describe how the symptoms would have affected the student's ability to attend classes and/ or complete assignments or exams.
There is no need to disclose a detailed diagnosis. The impact the condition had on the student is more important. Curtin wants to understand how the condition impacted the student academically.
For example – mental health: Student's depression prevented them from attending class.
For example – treatment-related: Medication caused drowsiness/inability to focus.
For example – physical condition: Student's broken arm prevented them from engaging in laboratory experiments.

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#### **Professional Practitioner Certificate**



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 worsened/deteriorated o	question 1 on page 1, "Yes, occurred on XX then n: XX":
		Briefly outline the pre-exi incident/situation that car	isting issue and how it was being managed. Then describe the used the deterioration.
		arthritis, may have pre-ex	Ith diagnoses e.g. depression, or physical conditions e.g xisted and were being managed by medication. An accident or sed 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.
6.	As the student's regular medical/health practitioner, I wo	ould support and recommend:	The student may have completed some assessments for other units before they became ill, which prevented them from completing the remaining assessments.
	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	ete in the study period:	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
	<ul> <li>Do not support the withdrawal of units (no change in studies)</li> </ul>	n enrolment, studen vas/is fit t	and a average place avalage view
7.	In my opinion the student will be/was fit to resume studi	lies 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.

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#### **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
- is student

I am not a family member and do	not have a close or personal relationship with this
Medical/health practitioner's name:	
Medical/health practitioner's AHPRA regi	stration number:
Practice name:	
Address of practice:	
Telephone no.:	
Email:	
Signature of medical/health practitioner:	
Date:	
	I .

Medical/Health Practitioner's Stamp

Please ensure all contact details are clear and correct.

Curtin is likely to seek verification of the document.

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