OPEN UNIVERSITIES AUSTRALIA

Special Circumstances professional authority form

This form must be completed by a registered health, legal or financial professional. The professional must be qualified to comment on the student's condition(s) or circumstances. All sections of the form must be completed.

Within the limits of confidentiality, this form and supporting documentation must describe the nature and impact of the student's problem so that an assessment of the possible effects on academic performance can be made.

Section 1: instructions to the professional authority providing documentation

We appreciate your help providing information about the student's condition(s) or circumstances.

The information that you provide will enable OUA to determine the impact of the impairment on the student's ability to meet academic requirements.

Submitting your form

Check with the Special Circumstances team if you need further information. You can send your form and supporting documentation to:

Email specialcircumstances@open.edu.au

Section 2: personal details of the student

First name: Family name:

OUA ID: Student ID:

Section 3: consultation

Date of consultation or appointment:

Duration of condition:

Starting from: D D M M Y Y Y Y to: D D M M Y Y Y Y

NOTE: For ongoing, fluctuating or chronic conditions, please provide the dates that the condition changed or became worse. These changes to the existing condition must have been unforeseeable in relation to the student's ability to study.

Nature of the condition or circumstances

Provide a simple description of any restrictions on the student's academic functioning as a result of the student's condition(s) or circumstances. For example, writing, learning, attention, memory, concentration. Details about medical diagnosis are not required:

Impact of the condition or circumstances

What is your evaluation of the likely effect of the condition or circumstances on the student's ability to participate, learn, retain or complete academic assessment requirements?

In relation to the above dates of impairment, was the student able to do their normal study?

☐ yes ☐ no

Practitioner or health care provider name:

Title: ◯ Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Dr

Practitioner or health care provider qualifications or title:

Address:

Phone: Fax:

Practitioner or health care provider signature:

Date: D D M M Y Y Y Y

Stamp of professional authority:

If a stamp of professional authority is not available, all of the above information needs to be supplied as a signed statement on letterhead.