PROFESSIONAL AUTHORITY FORM

All fields must be completed. This form must be completed by a registered health, legal or financial professional. This professional needs to be qualified to comment on the student’s condition(s)/circumstances.

1. Instructions to the professional authority providing documentation

We appreciate your help in providing information regarding the student’s condition(s)/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. Within the limits of confidentiality, this form and/or certificate, 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.

2. Personal details of student

<table>
<thead>
<tr>
<th>OUA ID:</th>
<th>Family name</th>
<th>Other names</th>
</tr>
</thead>
</table>

3. Consultation

<table>
<thead>
<tr>
<th>Date(s) of consultation/ Appointment:</th>
<th>Duration of condition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting from: / / To: / / /</td>
<td></td>
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</tbody>
</table>

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 condition/circumstances: Please provide a simple descriptions of any restrictions on the student’s academic functioning (e.g. regarding, writing, learning, attention, memory, concentration etc) as a result of the student’s condition(s)/circumstances; details regarding medical diagnosis are NOT required:

Impact of condition/circumstances: Please indicate your evaluation of the likely effect of the conditions/circumstances on the student’s ability to participate, learn, retain or complete assessment requirements.

In relation to the above dates of impairment, was the student able to do their normal study? □ yes □ no

Signature of Professional Authority: Date: / / /

Name and Title: ______________________________
Provider or Registration Number: __________________
Phone Number: __________________

 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.

INSTRUCTIONS FOR STUDENTS: THIS PAF NEEDS TO BE UPLOADED WITH YOUR SPECIAL CIRCUMSTANCES ONLINE APPLICATION FORM