INSTRUCTIONS TO THE STUDENT

The purpose of Special Consideration is to provide a student whose studies have been adversely affected by illness or injury with a further opportunity to demonstrate their academic ability. For more information on Special Consideration visit http://students.unimelb.edu.au/admin/special

1 YOUR DETAILS

- Student Name
- Student Number
- Course Name
- Application Number

You can find this by viewing your application in my.unimelb.

2 ASSESSMENT DETAILS

Please list all the assessment tasks you believe have been impacted:

<table>
<thead>
<tr>
<th>Subject Code</th>
<th>Subject Name</th>
<th>Assessment</th>
<th>Due Date</th>
<th>Weight</th>
</tr>
</thead>
</table>

3 PRIVACY & YOUR PERSONAL INFORMATION

The information on this form will be recorded and stored according to Federal and State legislation, and University of Melbourne policies regarding the management and disposal of private information. By signing this form, you authorise that the information you provide will only be viewed by University staff who are authorised to assess your application. Staff may contact the listed health professional in the following circumstances:

- For clarification of your condition.
- To confirm details of your treatment plan, including date and time of your visit.

4 SIGNATURE AND DATE

Signature: [signature]

Date: [day/month/year]
INSTRUCTIONS TO THE HEALTH PROFESSIONAL

The University of Melbourne supports students whose academic performance is being adversely affected by exceptional or extenuating circumstances. The Health Professional Report (HPR) enables the University of Melbourne to obtain a confidential evaluation of the impact of the student’s health condition and their capacity to complete academic requirements.

1 PATIENT DETAILS

Patient’s name

Patient’s date of birth

Do you have a close personal relationship with the student?  
☐ Yes – you are not eligible to complete this form  
☐ No

The patient:  
☐ Presented to me with a condition, which I have verified, OR  
☐ Stated that they were affected by this condition

2 PATIENT CIRCUMSTANCES AND IMPACT

A) Does the student’s condition significantly disadvantage or impact their ability to complete the assessment task/assignment by or on the due date?  
Yes ☐ No ☐

B) From what dates do you expect the student to be affected by presenting circumstance/condition?  
From / /  
To / /

C) Please describe the effect the patient’s circumstances have on their ability to complete the assessment task/assignment by or on the due date.

D) Is the student unable to:

- Undertake an oral assessment task?  
- Use computer or keyboard?  
- Undertake a written examination?  
- Concentrate?  
- Sit for sustained periods?  
- Attend an internship/placement?  
- Travel or commute?  
- Complete a written assignment?

3 STAMP, SIGNATURE AND DATE

If the stamp does not contain all of the following, please complete as appropriate:

Health Practitioner’s name

Registration number

Address of practice

Telephone number

Signature of Health Practitioner  
Date / /