Special Consideration Health Professional Report

About this form

Who can complete this form

A health professional:

- An Australian Health Practitioner Regulation Agency (AHPRA) registered general practitioner (GP), psychologist, or psychiatrist
- An Australian Association of Social Workers (AASW) registered social worker
- A Psychotherapy and Counselling Federation of Australia (PACFA) or Australian Counselling Association (ACA, level 3 and above) registered counsellor
- Any other AHPRA-registered practitioner qualified to diagnose and treat a health condition (such as a physiotherapist) within their area of expertise.

Form use

This form will support a special consideration application.
We will use the information you provide to:

- Verify the short-term impact (up to six weeks) of the student's health condition and/or circumstances to their assessment
- To determine adjustments to their assessment.

Only provide relevant information

We do not need specific details about the student's condition or circumstances. Please do not include details beyond what the student or you are comfortable sharing. Only provide information needed to verify an impact.

By completing and signing this form, you are verifying that:

- You are not a family member or a close association of the student
- You are registered with AHPRA, AASW, PACFA/ACA, and qualified to authenticate the student's health condition
- The University of Melbourne can contact you to verify the authenticity of this document.

Submitting the form

Please provide the completed form to the student is a secure format (ie uneditable). The student will need to attach the form to their special consideration application.

All documents submitted become the property of the University of Melbourne.

Information for students

How to apply

Refer to our website for more information about how to apply: **go.unimelb.edu.au/fkq2**.

Verifying your information

By providing this form, you give us permission to contact your practitioner to verify the information on this form. You also permit your practitioner to provide relevant information to the University.

Consequences of falsifying documents

The University reserves the right to terminate your studies if you misrepresent your circumstances on the form.

Privacy statement

Please refer to the Special consideration privacy information webpage: **go.unimelb.edu.au/4crp**.

Contact

If you need further information about completing this form, please contact **special-con@unimelb.edu.au**.

Special Consideration Health Professional Report

Student details

Student Name:

Date of Birth: (dd/mm/yyyy)

Impact details

This form is only for impacts up to six weeks in duration.

Start date: (dd/mm/yyyy)

End date: (dd/mm/yyyy)

Is the condition considered to be ongoing? ☐ No ☐ Yes (please provide approximate duration): _____

Describe impact:

In 100 words or less, describe impact to ability to complete, attend or prepare for their assessment. If completing this form more than **four business days** after the assessment due date, please state why the student was unable to apply on time.

In your professional opinion, how has the student's condition impacted their ability to:

Perform administrative tasks

- ☐ **Moderately** (can only perform basic tasks)
- ☐ **Severely** (unable to perform most or all tasks)

Perform academic tasks, including deep concentration and sustained reading

- ☐ **Moderately** (limited ability to perform)
- ☐ **Severely** (unable to perform most or all tasks)

Attend academic activities in person

- ☐ **Moderately** (limited attendance)
- ☐ **Severely** (Attendance will put their health or others' at risk)

Health professional details

Registered with: ☐ AHPRA ☐ AASW ☐ PACFA ☐ ACA (level 3 and above)

Signature:

Date Issued:

Practitioner's name:

Registration no.:

Practitioner's stamp (if applicable):

If not included on stamp, please also provide:

Name of practice:

Address of practice:

Phone number:

Email address: