MACQUARIE University

Professional Authority Form (PAF)

PART 1. STUDENT DETAILS — STUDENT TO COMPLETE PRIOR TO CONSULTATION WITH HEALTH PROFESSIONAL

Your Macquarie student identification number | | | | | | | | |

Family Name: _____ **First Name:** _____ **DOB:** ____/____/_____

I am applying for: Special Consideration ☐ Withdrawal Without Academic and/or Financial Penalty ☐

I acknowledge that Macquarie University reserves the right to verify the authenticity of the documentation with my Health Professional and will conduct regular audits. I may be required to present an original hardcopy of documentation and I could be asked for this at any time up to 6 months from submission. I understand that if this documentation is alleged to be fraudulent, I may be referred for disciplinary action.

Student Signature Student Signature Date: DD / MM / YY

HEALTH PROFESSIONAL TO COMPLETE ALL FIELDS BELOW

PART 2. CATEGORY OF HEALTH CONDITION

Date of Consultation ____/____/____ other consultation dates _____

I have consulted with _____ Student Name _____ and in my opinion, they have a:

Short-term health condition or incident ☐ **OR** Diagnosis of chronic or ongoing health condition ☐ **OR** Exacerbation of chronic or ongoing health condition ☐

This impacted their study from: ____/____/____ to: ____/____/____

Where the student is applying to **Withdraw Without Academic and/or Financial Penalty**, the date it became apparent that the student could not continue with their studies for the impacted unit(s): ____/____/____

PART 3. IMPACT OF CONDITION

Provide an evaluation of the **severity** and **impact** of the relevant circumstances on the student's ability to study. For the purposes of this form, study may refer to the student's ability to: **attend classes, professional experience placements**, **write, learn, retain knowledge, concentrate, sit for sustained periods** and/or **complete assessment task(s)/exam(s)**.

Health Professional's opinion regarding impact on student's capacity to study

Fit to study ☐ Limited ability to study ☐ Unfit to study ☐ Unable to assess impact ☐

Please print a professional opinion on how the circumstances impacted on the student's ability to study.

***** Where a student is applying to withdraw without penalty please provide an opinion on why the student is/was able to complete some units and not others in the same study period, if not requesting to withdraw from all units.

PART 4. VERIFICATION DETAILS

Professional's Name: Provider or Registration Number: Practice Email:	Stamp of Professional Authority
Health Professional Signature Health Professional Signature	Date: DD / MM / YYYY

The University must comply with the *Privacy and Personal Information Protection Act 1998* (NSW) and *Health Records and Information Privacy Act 2002* (NSW) (the Privacy laws). Some of the information provided in requesting special consideration and/or withdrawal without penalty may be 'personal or health information' as defined in the Privacy laws. Personal and health information will be managed in accordance with our Privacy Framework and will only be accessed by personnel at the University who have appropriate authorisation and who need to access this information to process and assess the request for special consideration and/or withdrawal without penalty as part of their job. The University does not typically disclose personal or health information to third parties (locally or overseas) for an unrelated purpose without consent, except where we are required to do so by an Australian law or a court order/subpoena. Further information relating to the University's collection, use, storage and disclosure of personal information can be found at https://www.mq.edu.au/about/about-the-university/governance/privacy. If you have any queries or concerns about the management of personal or health information, please contact the Privacy Officer (privacyofficer@mq.edu.au).