

PROFESSIONAL PRACTITIONER CERTIFICATE

This Professional Practitioner Certificate is to be completed by a registered medical/health practitioner for a student whose attendance, course work and / or assessment(s) have been adversely affected during a study period by serious illness, injury, or misadventure beyond the student's control, in support of a student's [Application for Special Consideration](#) or Exceptional Circumstances leading to an [Application for refund of tuition fees](#). Guidelines for completing this form are included on page 3.

1. STUDENT DETAILS AND AUTHORITY

Student Name & Surname:

Student ID:

Course Name: Bachelor of Design ☐

Master of Design ☐

Certificate III in Design Fundamentals ☐

I hereby consent to relevant information being provided by my medical/health practitioner and agree that they may provide verification of this certificate if requested by the Whitehouse Institute of Design, Australia. I understand that I must retain the originals of any documents submitted in support of a special consideration request and /or refund or FEE-HELP re-credit request, that Whitehouse may require the originals to be supplied at any time during my enrolment until my Testamur has been issued, or my enrolment otherwise cancelled.

Student signature: _____

Date: _____

2. PRACTITIONER ASSESSMENT

I _____ (name), a registered medical / health practitioner, declare that I had a consultation with the above student on ____ / ____ / ____ and in my opinion have:

- ☐ determined the student is suffering from _____
- ☐ determined that the student is suffering from an illness of a confidential nature.

We have discussed the nature of the illness that the student is suffering, and I have determined in respect to the student's capacity to attend classes and learn or complete assessments, the student has been assessed as:

Degree of impact	Tick one	From (date)	To (date)
Totally unable to study: The condition has affected the student to such an extent that they are totally unable to attend classes and undertake classwork and / or assessment task(s)	<input type="checkbox"/>		
Very severely affected: The condition has seriously impacted on the student's ability to attend classes and undertake classwork and / or assessment task(s) at their normal level of ability	<input type="checkbox"/>		
Moderately affected: The condition has caused considerable discomfort to the student but has not had a severe impact upon their ability to attend classes and undertake classwork and / or assessment task(s)	<input type="checkbox"/>		
Not affected: The condition has no impact upon their ability to attend classes and undertake classwork and / or assessment task(s)	<input type="checkbox"/>		
Unable to assess impact:	<input type="checkbox"/>		

Additional comments:

3. PRACTITIONER DETAILS

Practitioner Name		Medical / Health Practitioner's Stamp
Address		
Contact no		
Provider Registration No:		

I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise Whitehouse to contact me or my office to confirm authenticity of this document:

Student signature: _____

Date*: _____

* This is the date that the certificate was written and issued.

GUIDELINES FOR PROFESSIONAL PRACTICE CERTIFICATE

Thank you for taking the time to help Whitehouse Institute of Design, Australia assesses the impact of illness, injury, or misadventure on this student. The information you provide will ensure that the assessment process is fair and equitable.

These guidelines have been written to assist you, as a medical/health practitioner, to understand the purpose and use of Whitehouse's Professional Practitioner Certificate in how it manages its special consideration process for students.

1. USE OF THE PROFESSIONAL PRACTITIONER CERTIFICATE

Whitehouse's assessment practices ensure that all students are treated in a fair and consistent manner so that individual students are not disadvantaged by circumstances beyond their control. Generally, illness, injury or misadventure will be considered when assessing a student's attendance, class work and academic performance in a subject or unit of study.

This certificate is included in the application that a student submits to Whitehouse for special consideration. It is required for an absence during Panel Assessment week and an absence or non-submission of assessment items on due dates, while a Medical Certificate is acceptable during all other, non-assessment dates and times. Whitehouse will use it to verify the student's claim and determine the form of consideration to be made given their situation.

The information you supply on this document will be available only to those staff who need access to it to carry out their duties. All records will be kept secure and confidential in accordance with Whitehouse's record keeping requirements.

2. WHAT IS SPECIAL CONSIDERATION GRANTED FOR?

Whitehouse gives special consideration to students in situations that adversely affected their performance in an assessment task, or they were prevented from attendance or submission of a task due to circumstances beyond their control.

The circumstances must be compelling and exceptional or compassionate in nature, as detailed in section 7.2 of the [Assessment Procedure](#), and described in the [Application to refund tuition fees](#), for example: a serious illness, injury or misadventure; specific disability or need; bereavement of a close family member; major political upheaval or natural disaster or pandemic; compulsory absence (e.g. jury duty).

Whitehouse has a variety of student wellbeing and support services available to students, as detailed in the [Student Wellbeing and Support Services Procedure](#) and advice provided on the [Whitehouse Website](#).

3. WHAT INFORMATION MUST A PROFESSIONAL PRACTITIONER CERTIFICATE INCLUDE?

The Professional Practitioner Certificate is to be completed by a registered medical/health practitioner within the scope of their practice, who is not a family member or has a close or personal relationship with the student. The Professional Practitioner Certificate must include:

1. The practitioner's name, contact details, provider or registration number and signature
2. The date of consultation
3. An evaluation by the practitioner, psychologist etc. of the duration and degree of impact on the student's ability to attend classes, study, or complete assessment requirements
4. The date the certificate was written and signed.

Please issue the certificate in line with any guidelines provided by your professional association and only in respect of an illness, injury, or misadventure that you have observed. Please do not provide post-dated certificates, as these will not be accepted by Whitehouse.