

## Application for Special Consideration for External Student Exams

**To be completed by the relevant Health Professional that is managing/leading the episode of care** e.g. the GP/NP/Midwife/Clinical Nurse Specialist/Counsellor (may include RN in some cases)

**CONSULTATION MUST TAKE PLACE WITHIN 5 WORKING DAYS OF THE EXAMINATION(S) AFFECTED.**

I certify that (insert student full name) \_\_\_\_\_  
consulted with me on     /     /     at (time) \_\_\_\_\_  
and also on (additional time if applicable) \_\_\_\_\_  
**and on the day(s) of, or from 2 weeks preceding the exam, the student suffered the following illness, injury, or other critical personal circumstance:**

*Presenting concern & symptoms:*

*Assessment findings +/- investigations done (if applicable):*

*Impression & Treatment/Plan (if applicable):*

*Additional notes (if applicable):*

**Practitioner please note:** The special consideration procedure require that sufficient detail be provided to make it clear that the student was not responsible for the illness or disability **and to make possible the refereeing of the application by the University's Health Team.**

## All students should be advised to attempt their exam *unless* their impairment is **VERY SERIOUS.**

Examples of <b>VERY SERIOUS</b> impairment (please use clinical judgment)	
<p><b>MEDICAL APPLICATIONS</b></p> <ul style="list-style-type: none"> <li>Acutely unwell with abnormal vital signs and/or other assessment findings (~24hrs pre/post exam date)</li> <li>Hospitalisation / surgery</li> <li>Cancer diagnosis/treatment</li> <li>Serious/new injury causing significant limitation in physical/mental state</li> </ul>	<p><b>COMPASSIONATE APPLICATIONS</b></p> <ul style="list-style-type: none"> <li>Significant life event, that has had severe impact on the person</li> <li>Severe mental health challenges</li> <li>Severe exacerbation of existing mental health challenge</li> </ul> <p>(may include but not limited to secondary care input, hospital admission)</p>

**Please indicate the students' degree of impairment based on your assessment**

Degree of Impairment <small>(Please only tick one per exam date. More than one box may apply when the application are for multiple exam dates).</small>	Select X	Dates Applicable <small>(When the application refers to impairment over multiple days).</small>
<p><b>Very serious impairment</b>, such that the student was unable to attempt and/or prepare for the exam(s) <i>(I recommend that the student NOT sit the exam)</i></p>	<input type="checkbox"/>	
<p><b>Serious impairment</b>, such that the student was probably <b>unable to prepare adequately</b> for the exam(s) <b>OR</b> the student was able to attempt and prepare for the exam(s), with <b>substantial reduction in performance</b> likely. <i>(The student should still attempt/have attempted the exam)</i></p>	<input type="checkbox"/>	
<p><b>Moderate impairment</b>, such that the student was able to attempt and prepare for the exam(s) with some reduction in performance likely.</p>	<input type="checkbox"/>	
<p><b>Mild or no impairment</b>, such that the student was able to attempt and prepare for the exam(s) with performance minimally affected.</p>	<input type="checkbox"/>	

Date:     /     /

Signed: (registered health professional/counsellor) \_\_\_\_\_

Name:(pleaseprint)\_\_\_\_\_

Title/Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

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