



Professional authority form

FOR USE BY MACQUARIE APPLIED FINANCE CENTRE STUDENTS ONLY

All fields must be completed.

This form must be completed by a registered health professional or professional within Macquarie University Campus Wellbeing and Support Services.

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| 1. INSTRUCTIONS FOR STUDENTS | | |
| This PAF needs to be submitted to studentexams@mafc.mq.edu.au with Special Consideration Application. | | |
| 2. INSTRUCTIONS TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION | | |
| We appreciate your help in providing information regarding the students' health condition(s). The information that you provide will enable the University to determine the impact of the disruption on the students' ability to meet academic assessment requirements. Within the limits of confidentiality, this form and/or certificate, must describe the nature and impact of the student's problem so that an assessment of the possible effects on academic performance can be made. | | |
| 3. PERSONAL DETAILS OF STUDENT | | |
| Student number: | Family name: | Other names: |
| 4. CONSULTATION | | |
| Date of consultation: | Period of effect on ability to study: | |
| | From: | To: |
| | Note: For chronic health conditions, only complete this form if there has been considerable and unpredictable exacerbation of symptoms that have adversely impacted the student's academic performance. | |
| Nature of condition: Please provide a plain English description of any restrictions on the student's academic functioning. Details of the medical diagnosis are NOT required: | | |
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| Impact of condition: By signing or stamping below, you are indicating that in your professional opinion there was a likely impact due to the health condition(s) on the student's ability to attend class, learn, retain or complete assessment requirements. | | |
| It is my belief that this student's ability to perform their academic duties was adversely affected by their condition during the time period noted above. | | |
| Signature of Professional Authority: _____ | | |
| Name and title: | Stamp of Professional Authority | |
| Provider or Registration number: | | |
| Phone number: | | |

The University collects the personal information from the student identified above to enable their request for special consideration to be considered. Personal information held by the University is subject to the Privacy and Personal Information Protection Act 1998. Where the information collected includes health information as defined under the Health Records and Information Privacy Act 2002, references to personal information in this notice will be taken to also apply to health information. The University may disclose the personal information provided on this form to other University staff involved in the processing and assessment of the request for special consideration. The University will not otherwise disclose the information unless it has the student's consent or such disclosure is permitted or required by law. The provision of personal information is voluntary, but if a student does not provide the information requested, the University may be unable to process their request. Students who wish to access or inquire about the handling of their personal information may do so by contacting the University Privacy Officer by email at **privacyofficer@mq.edu.au**.