

About the Professional Authority Statement

It is recommended that you provide the information below to the Professional Authority prior to them completing the form to ensure they are aware of the criteria outlined below.

Students are eligible to submit an RE application for the following special circumstances that prevented them from passing the unit:

- **Medical circumstances** – e.g. where a person’s medical condition has changed to such an extent that they are unable to continue studying
- **Family/personal circumstances** – e.g. family death or illness, or carer responsibilities, so that it is unreasonable to expect a person to continue studies
- **Employment-related circumstances** – e.g. where a person’s employment status or arrangements have changed so the person is unable to continue their studies, and this change is beyond the person’s control

The following table outlines who is authorised to complete this Statement:

Special Circumstances Category:	Who is authorised to complete the Professional Authority Statement:	What must be detailed:
Medical	Registered doctor Psychologist ACU Counsellor	<ul style="list-style-type: none"> • The student’s circumstances; and
Family/personal	Registered doctor Psychologist ACU Counsellor	<ul style="list-style-type: none"> • When they occurred and when they made their full impact on the student; and
Employment-related	Employer	<ul style="list-style-type: none"> • How they made it impracticable for the student to complete the requirements of the unit

Professional Authority Statement

Note: This form must be completed by the relevant professional authority – the student **must not** complete any sections except Name and ID. Students may be referred to the Discipline Committee if suspected to have breached the ACU Fraudulent Information Policy.

Student Name: _____ ACU Student ID: _____

What category is the student's circumstances under?	<input type="checkbox"/> Medical <input type="checkbox"/> Family/Personal <input type="checkbox"/> Employment
When did the student's circumstances or pre-existing condition begin?	
When did the student's circumstances make their full impact?	From _____ to _____
Dates of any relevant consultations regarding the student's circumstances:	

1. Please describe the student's circumstances:
 (If **pre-existing or ongoing**, also describe what actions the student took to manage their condition.)

2. Please describe what caused the circumstances/deterioration:

3. Please describe how their circumstances impacted on their ability to attend, prepare and/or complete their assessments:

I authorise the University to contact me or my office to confirm the authenticity of this document.

Professional's name: _____ Date: _____

Professional's signature: _____

Telephone number: _____

Provider number (Health professionals): _____

Address: _____

Provider Stamp
