

In certain circumstances, a person who withdraws from their studies after the census date, or does not complete the requirements of a unit of study during the period in which the person undertook, or was to undertake, the unit, can apply to:

- have their HELP balance re-credited [HESA Division 97 and Subdivision 104-B];
- have their up-front payment of a student contribution amount repaid or liability remitted [HESA sections 36-20 and 36-21]
- have their Student Learning Entitlement amount re-credited [HESA Division 79]

Who can complete this form?

This impact statement is to be completed and signed by a treating medical/health practitioner who is not a family member or a close association of the student.

The practitioner must be:

- Australian Health Practitioner Regulation Agency (AHPRA) registered General Practitioners (GPs), Psychologist, Psychiatrists
- Registered Counsellor (being a member of one of the APS, the AASW, or the ACA)
- Other AHPRA registered practitioners which diagnose and treat medical conditions.
- Registered practitioner with equivalent overseas accreditation organisation

The University requires independent evidence that supports the student's Statement of Personal Circumstances condition, that clearly:

- identifies the incident or event as the "Special Circumstances";
- dates the occurrence of the Special Circumstances;
- states the duration of the special circumstances; and
- describes the level of impact of the Special Circumstances on the student's capacity to complete the subject or withdraw by the Census Date.

The degree of impairment/impact should be based on your clinical diagnosis. Please see the following guidelines.

Hospitalised or incapacitated: is defined as unable to function because of an emergency surgery or serious medical condition requiring hospitalisation, psychosis episode or other life-threatening medical condition. The student was totally incapable of continuing to study and/or formally withdrawing before the census date.

Severe: the impact of the condition was very serious and lasted more than two weeks. The student was significantly affected and could not continue with their studies during the period of full impact as specified on the form. The student's level of performance was substantially affected.

Moderate: the impact of the condition was not severe and lasted for one to two weeks. The student was able to study for the period of full impact as specified on the form. The student's level of performance was moderately affected.

Minor: the condition has not had a significant impact (e.g. mild illness). The student was able to continue with their studies and assessments. Their level of performance was slightly affected.

Incomplete forms will not be accepted, please ensure that the following information is included:

- the practitioner's full name, contact details, provider or registration number and signature
- the date of the consultation
- an assessment/confirmation by the practitioner of the special circumstances
- the date, duration and degree of impact on the student's ability to study or withdraw from the relevant subject/s
- the date the form was completed and signed

Useful information for students

If your circumstances impacted your capacity to study or withdraw before census, please ask your registered, treating practitioner to complete this form. You must apply for Remission of Debt /Fee Liability online and upload the fully complete and signed Impact Statement with your application.

Submitting falsified documents is considered fraud and the University treats this matter seriously. It could result in suspension, exclusion from the University and/or legal penalties. As a student, you must be aware of your obligations and responsibilities under the General Misconduct Statute.

Impact Statement
Independent Assessment

Health/Medical practitioner to complete

Name of Patient: Date of Consultation:

Date of occurrence of Special Circumstances/incident or event:

Statement to describe the Special Circumstances/event or incident:

I declare that in relation to the Special Circumstances, I have independently assessed the level of impact on the student as:

Minor Moderate Severe Patient was hospitalised or totally incapacitated

Duration of full impact:

to

By signing this form, I declare that the student presented to me for a clinical/medical or professional assessment or treatment and the information is based on my professional examination and/or clinical assessment. I am registered with AHPRA, the APS, the AASW, or the ACA or an equivalent overseas accreditation and qualified to diagnose and verify the student's declaration.

I am not a family member or a close association of the student, and I have no conflict of interest in making this declaration:

Practitioner name: Registration/provider number:

Practitioner telephone number:

Email:

Practice Address:

Practitioner signature:

Stamp

Today's Date:

Impact Statement
Student Declaration

By signing this form, I declare that to my knowledge, all the information provided by my Registered Practitioner in this Impact statement is complete, true and correct and acknowledge that the University may decline my Remission of Debt or Refund if I have misrepresented my circumstances.

All documents submitted become the property of La Trobe University. I give permission for La Trobe University to contact my Registered Practitioner to verify the information on this form, and for relevant information to be provided by my Practitioner to La Trobe University.

Student name:	<input type="text"/>	Student ID number:	<input type="text"/>
Student signature:	<input type="text"/>	Telephone number:	<input type="text"/>
		Email:	<input type="text"/>
		Today's Date:	<input type="text"/>