

Special Examination Arrangements Online Application Medical Statement

COLLECTION NOTICE

The Victorian Curriculum and Assessment Authority (VCAA) is a statutory authority continued under the *Education and Training Reform Act 2006 (Vic)* (the Act). The VCAA collects the information requested in this document, which includes personal information as defined in s 3 of the *Privacy and Data Protection Act 2014 (Vic)* and may also include personal and health information as defined in s 3 of the *Health Records Act 2001 (Vic)*, for the purpose of facilitating and administering an application for Special Examination Arrangements under s 2.5.11 of the Act. The personal and/or health information collected in this document will be disclosed to and used by VCAA employees and/or contractors for and in connection with the above mentioned purpose. The personal and/or health information collected will not otherwise be used or disclosed by the VCAA, except with the consent of the individual, or if the VCAA is required or otherwise permitted by law to do so. When an individual's personal and/or health information is provided to the VCAA by a third party, the VCAA requests that the individual is made aware their personal and/or health information will be or has been provided to the VCAA, the purpose for which it will be or was provided and to whom it will be or is likely to be disclosed. If all or part of the requested information is not provided, the Special Examination Arrangements Application may not be considered. An individual may request access to personal and/or health information the VCAA holds about them, and request its correction if inaccurate. Initial enquiries regarding access to personal and/or health information held by the VCAA in relation to Special Examination Arrangements Applications can be made by contacting the Project Manager, Special Provision at vcaa.special.provision@education.vic.gov.au. The VCAA Privacy Policy can be found at www.vcaa.vic.edu.au/Footer/Pages/Privacy.aspx

This statement is to be completed by the student's primary treating health professional.

THIS FORM MUST BE COMPLETED BY HAND OR USING ADOBE ACROBAT - DO NOT USE MICROSOFT EDGE

STUDENT DETAILS

Surname

First name

School name

Diagnosis

Date of diagnosis / /

MEDICAL HISTORY

Provide a brief history of the student's condition(s) and period of consultation.

Include presenting symptoms, intensity, frequency and expected duration, i.e. temporary or permanent.

What is your assessment of the severity of the student's condition(s)? Mild Moderate Severe

Is the student consulting any other health professional for this condition? Yes No

If yes, provide reason for consultation(s).

Outline any treatment plan(s) the student is currently receiving.

Comment on how the student's condition(s) would affect their day-to-day functioning.

Comment on how the student's condition(s) would impact on their ability to complete VCE examinations.

What Special Examination Arrangements do you recommend for this student for their VCE examinations?

Include any further comments relevant to this application.

HEALTH PROFESSIONAL DETAILS

In signing this form I consent to the VCAA using the information I have provided in this application, including personal information, to assist with the assessment of this application and any future special provision applications that may be submitted on behalf of the student identified in this application.

Name

Occupation

Qualification

Organisation

Phone () AHPRA registration number

Signature

Date