STUDENT ABSENTEEISM FORM

Sydney Institute of Traditional Chinese Medicine

1. Instructions

All students are required to maintain a level of attendance of 80% or above at all times. Absences that are due to sickness, misadventure or other circumstances beyond the student's control may be acceptable explanations that won't affect attendance levels. Explanations must be submitted using this form to the Administration Office for approval within five (5) working days of the absence unless exceptional circumstances apply.

Date Received

* Section 6 must be completed by a registered medical practitioner or relevant professional on or before the date of absence.

2. Personal Details

Family Name:		Given Name:
Student ID:	☐ Local ☐ International	Mobile:

3. Details of Absence

If any assessments are affected by your absence, you must also submit a Special Consideration form.

Period of absence:	Start Date: ☐☐/☐☐/☐☐☐☐	End Date: ☐☐/☐☐/☐☐☐☐
☐ Tutorial:	Unit Code and Name:	
	Unit Code and Name:	
	Unit Code and Name:	
	Unit Code and Name:	
	Unit Code and Name:	

4. Explanation of Absence (Appropriate documentary evidence must be provided for each reason)

Approval will only be granted for extenuating circumstances clearly beyond a student's control.

☐ Medical reason (please complete Section 6 on the next page)
☐ Military, sporting, cultural or legal commitments (please provide details):
Other reason (please provide details):

5. Student Declaration

I declare that the information provided by me on this form is true and correct.
I agree that SITCM may seek proof from doctors or agencies that the certificates have been issued by them.
I also agree to the release of personal information about me for the purpose of assessing this application.
If my explanation to absenteeism is not accepted, I am aware that my attendance level will be affected.

Students Signature:	Date: ☐☐/☐☐/☐☐☐☐

6. Medical Certificate Form

Applications based on **unforeseen, severe, and/or grave illness** will not be considered unless the following medical certificate form is completed. This form must be completed by a registered medical practitioner and have the practitioner's provider stamp affixed.

Name of Practitioner:	Provider's Stamp
Provider Number:	
Address:	
Contact Telephone(s):	
Date of attendance at surgery: ☐☐/☐☐/☐☐☐☐ Time:	If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application

I certify that PATIENT'S NAME

is unfit for studies from (date) ☐☐/☐☐/☐☐☐☐ to (date) ☐☐/☐☐/☐☐☐☐.

Is the severity and gravity of the illness of such an extreme nature that the patient's capacity to complete assessment tasks, attend classes and or participate in fieldwork is affected? ☐ Yes ☐ No

My assessment of the patient's condition was based on:

☐ an examination of the patient ☐ information provided by the patient

☐ I am unable to assess how this illness would affect the patient's capacity

Within the limits of patient confidentiality, please state the nature of the problem/illness/difficulty experienced by patient over this period:
Practitioner's Signature: Date: ☐☐/☐☐/☐☐☐☐

Administration Office to complete:

Is the explanation for absenteeism accepted? ☐ Yes ☐ No

Outcome: ☐ No action is taken

☐ Class attendance roll to be updated

Comments:
Name:
Signature: Date: ☐☐/☐☐/☐☐☐☐