



HDR International Students Intermission Supporting Documents Form

- Non-medical grounds: Complete section A and attach supporting documents/evidence of the situation and impact
- Medical or psychological grounds: Complete section A & B

Section A			
Student to complete.			
Date		Student ID	
First Name		Surname	
Preferred Name			
Intermission duration	From ___ / ___ / ___ to ___ / ___ / ___		
Student Statement			
In your own words, please explain why you have applied, describing the circumstances and impact it has had on your studies.			



Section A continued

ACKNOWLEDGMENT OF IMPACT

Students undertaking a period of intermission may only do so under circumstances which are classified as compassionate and/or compelling and which are beyond the student's control. These circumstances must have a significant impact on the student's course progress or personal wellbeing (The ESOS Act, National Code of Practice, Standard 9).

A period of intermission is likely to result in the student having to extend their student visa and Confirmation of Enrolment (CoE). New visa grants are subject to the Department of Home Affairs approval and are considered on a case by case basis. If you have questions about your visa, you should visit the Department of Home Affairs website or seek professional advice.

STUDENT DECLARATION AND CONSENT TO SHARE INFORMATION

I declare that the information provided by me is true and complete. I have read and understood the criteria for intermission and believe that my application is made on valid grounds.

I acknowledge that Deakin University reserves the right to verify the information provided and may review, vary or reverse any decision regarding intermission or reduced study load on the basis of incorrect or incomplete information provided. I acknowledge that I may be subject to disciplinary action by Deakin University if the information I provide is false, altered or misleading.

I consent to Deakin University contacting any person named in my application (including my treating health practitioner) to verify or clarify the information provided. I consent to any person or organisation so contacted to provide Deakin University with information relevant to my request for intermission, and that this form (signed by me) can be used by Deakin University as evidence of my consent.

I understand I may be asked to provide a more specific consent to disclosure of information should this be required.

I am aware of my student visa conditions and understand that taking intermission or a reduced study load may have visa implications. (<https://www.homeaffairs.gov.au/trav/stud/more/visa-conditions/visa-conditions-students>).

I also understand that this information will be retained by Deakin University and will form part of my student record.

Signed

Date



Section B

Medical or other health professional to complete. If your registered medical practitioner is not in Australia you must attach the original and English translation of the Medical Certificate or hospital letter with this form instead.

Information for practitioner: Intermission is intended for acute illness / condition, increased severity of chronic illness or extraordinary circumstances.

MEDICAL or HEALTH PROFESSIONAL DETAILS eg. Psychologist and Counselling staff

Name of Practitioner		Phone number	
Address		Consult Date	
Practice Stamp or Registration number			

ASSESSMENT OF STUDENT

Student has been diagnosed with	
Student is experiencing	

DEGREE OF IMPACT – please select from below.

No Impact	This is a manageable situation with little to no effect on the student’s ability to study or attend classes.
Mild	Situation has caused some discomfort and/or disruption to study but student would still be able to seek treatment while continuing study. Eg. Suffering from stress related symptoms and may miss a class or two.
Moderate	Situation has caused considerable discomfort and/or disruption. Students ability to study may be affected to some degree. Eg. Students situation may cause ongoing issues but with a plan and support, is manageable.
Severe	Situation has caused disruption to study and has severely impacted the student’s ability to either attend classes or complete work. Eg. Hospitalisation or bedridden for an extended period.

Is this a part of an ongoing treatment plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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MEDICAL or HEALTH PROFESSIONAL RECOMMENDS

Period of intermission from ___ / ___ / ____ to ___ / ___ / ____.

MEDICAL or HEALTH PROFESSIONAL – further comments.



ACKNOWLEDGMENT OF IMPACT

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Medical or Health Professional signature

Deakin University is collecting your personal and health information on this form for the primary purpose of assessing your application for Enrolment Variation. It will also use this information for verifying the information provided, administering your enrolment changes and any ancillary purposes within Deakin. For these purposes Deakin may also provide this information to external parties you have identified in your application and also the Government of the Commonwealth of Australia most particularly the Department of Home Affairs who may need to be advised of conditions impacting your visa. You are not required to provide the information requested, however if the information is not provided, Deakin may not be able to process your application. Deakin manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic). Deakin's Privacy Policy may be viewed on The Guide.

Information on privacy at Deakin is available at <http://www.deakin.edu.au/footer/privacy>. Questions about privacy may be directed to the Privacy Officer on (03) 5227 8524 or by email to privacy@deakin.edu.au.

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