

Please READ the GUIDANCE NOTES and HOW TO SUBMIT THIS FORM before completing your application

GUIDANCE NOTES

This form is used for the purpose of assessing absences from compulsory classes (e.g. tutorial, practical).

This form must be accompanied by appropriate supporting documentation.

➤ **Supporting documentation:**

○ **Absences on medical grounds**

This form must be accompanied by a medical certificate signed by a medical practitioner, registered nurse or Pharmacist no later than **five (5) calendar days after the missed class** and stating that the student was unfit to attend on the relevant day.

The certificate cannot be from a near relative or close associate (Examples of near relatives are partner, child, brother, sister, or parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.)

○ Disability – SAPD and Supporting Statement (detailing current impact on assessment)

○ **Exceptional circumstances**

This form must be accompanied by e.g. funeral notice, letter from sporting body, statutory declaration, and/or news link.

Non-permissible circumstances

Absentee will not be accepted where the School is not satisfied you took reasonable measures to avoid the circumstances that contributed to you missing a compulsory tutorial/workshop/practical/placement. The following are not grounds for approval:

- Holiday arrangements;
- Misreading time/date;
- Social and leisure events;
- Moving house;

HOW TO SUBMIT THIS FORM

1. Submit your application form electronically **from your student email address** to hmns@enquire.uq.edu.au
2. You will be notified of the outcome of your application via your student email address.

Applications must be submitted within 5 calendar days of the of relevant missed class

ABSENTEE FORM

Privacy Statement: The information on this form is collected for the purpose of responding to your enquiry. The information you provide will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law.

1. Student Details	
Family Name: Click here to enter text.	Given Name: Click here to enter text.
Mobile Number: Click here to enter text.	Student ID: Click here to enter text.
2. Course Information	
Code:	Title:
3. Details of Tutorial/Practical/Workshop/Placement Missed	
Date: Click here to enter a date.	Time: Choose an item.
Tutorial/Practical/Workshop Number: Click here to enter text.	
4. Reason for Application	
Medical: <input type="checkbox"/>	Medical Certificate attached: <input type="checkbox"/> From: Choose an item. (refer to guidance notes)
Disability: <input type="checkbox"/>	SAPD: <input type="checkbox"/>
Exceptional Circumstances: <input type="checkbox"/>	Supporting Documentation attached: <input type="checkbox"/>
5. Declarations (Please check)	
<input type="checkbox"/> I declare the information provided is correct, complete and authentic. For an application on medical grounds, I confirm the medical practitioner is not a near relative or close associate of mine. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result I disciplinary action.	
<input type="checkbox"/> I have read and understand the Guidance Notes on page 1 of this form.	
6. Student Signature	
<input type="checkbox"/> Ticking this box confirms you have read and "signed this document before sending it to HMNS Student Admin.	