THE UNIVERSITY OF WESTERN AUSTRALIA
INDIA

EXCEPTIONAL VARIATION OF ASSESSMENT VERIFICATION FORM

About this Form

When to use this form: Submit a completed UWA verification form if you are applying for Exceptional Variation of Assessment (EVA) on **medical grounds** and your condition has affected your ability to prepare for or complete upcoming assessments, for 7 days or more or where a student has presented medical certificates totalling 7 days or more within a teaching period

How to submit: After the relevant Health Practitioner has completed and signed this form, students must upload the form as part of their online EVA application.

Who can complete this form: A Registered Health Practitioner who is qualified to verify the health condition. If the issue is a temporary flare-up of an existing condition, it should be completed by the student's treating practitioner who knows their medical history.

Registered Health Professionals include:

- National Medical Commission NMC registered medical practitioners
- Other professionals registered with the relevant statutory council (e.g. registered psychologists, psychiatrists, counsellors, social workers, etc)

Information for Students

Exceptional Variation of Assessment is used where you experience exceptional circumstances, that are unforeseen, beyond your control and have impacted your academic preparation or performance.

Timeframe: Applications for EVA must be submitted prior to **or** up to 3 calendar days after, the original assessment due date. If you submit your application after this timeframe you will need further documentation including an explanation of the extenuating circumstances that prevented you from submitting on time.

Personal Information: Please refer to UWA India's Privacy Policy: https://india.uwa.edu.au/privacy-policy

Further Support: This form is for short-term, unforeseen impacts. For ongoing support, register with UniAccess.

Falsifying Documents: Submitting falsified documentation constitutes serious misconduct. If substantiated, such actions may result in significant penalties under the University's Regulations for Student Conduct and Discipline or applicable Indian legislation. These penalties may include, but are not limited to, failure in the relevant unit, exclusion from the University, or, in cases where a degree has already been conferred, revocation of the award.

Verifying Your Information: Submitted documentation is regularly audited by the University and by submitting this form you consent to the University contacting your Registered Health Professional to verify the information provided, and for them to share the relevant details with the University

Information for Health Practitioners

Confidential information: To determine an appropriate outcome, we do not need confidential details about the student's condition or diagnosis unless they choose to share them. We require information on how the condition has affected the student's capacity to prepare for and complete their assessments.

Submitting Form: Please ensure the completed form is provided to the student in a secure (i.e. uneditable) format.

Declaration: By completing and signing this form, you are confirming that:

- You are registered with the relevant statutory council, and are qualified to verify the student's health condition.
- The student has been affected by a health or medical condition and/or circumstances that have significantly impacted their ability to undertake assessment.
- You are not a family member and do not have a close personal relationship with the student.
- You consent to University staff contacting you to verify the authenticity of this document.
- You consent to your data being collected, handled, processed and stored in line with the UWA India Privacy Policy.

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Student Details

Student Name: _____ Student Number: _____

Date of Birth: _____

Detail of Impact

Based on your professional judgment, the information provided in this form will be used to verify the student's application for EVA, assist in providing appropriate support, and equitable variations to their assessments.

Date of Consultation: _____

Period during which student has been/will be impacted:

Date of Onset: _____ End Date: _____

Please indicate the degree to which the student's studies are impacted by their condition: (Please tick)

☐ Minor ☐ Moderate ☐ Severe ☐ Unable to assess

Does this student's condition significantly disadvantage or impact their ability to undertake the following types of assessment? (Please tick)

☐ Written assessment (e.g. essay)
☐ Examination
☐ Class and tutorial attendance
☐ Performance/ presentation
☐ Other (Please specify): _____

Additional Information (Optional)

Please provide any additional information about the impact of the student's circumstances on their studies. Please only include information about the impact, do not include detailed health or other sensitive information.

Registered Health Practitioner Details

Please refer to Information for Registered Health Practitioners on page 1 of this form.

Practitioner Name: _____

Registration No#: _____

Practice Name: _____

Practice Address: _____

Phone Number: _____

Email Address: _____

Practitioner Professional Stamp: *(Optional)*

Signature: _____

Date of issue: _____