THE UNIVERSITY OF WESTERN AUSTRALIA

# 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 or where a student has presented medical certificates totalling seven days or more within a teaching period

**How to submit:** The Health Practitioner signed copy of this form must be uploaded as part of an online application for EVA. Find information and a link to the form at https://uwa.au/eva

**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:

- AHPRA-registered practitioners (GP, psychologist, psychiatrist, etc.)
- AASW-registered social workers
- PACFA or ACA registered counsellors (Level 3 and above)
- Other AHPRA-registered professionals qualified to diagnose and treat a health condition within their area
- A registered health practitioner with equivalent overseas qualifications.

## 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:** All documents submitted are treated confidentially in accordance with the student privacy collection notice: https://www.uwa.edu.au/privacy/collection-notices/student

**Further Support:** This form is for short-term, unforeseen impacts. For ongoing support, register with UniAccess: https://www.uwa.edu.au/students/support

**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. 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

**Further Information:** For more detailed information about EVA please refer to our website: https://uwa.au/eva

## 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 AHPRA, AASW, PACFA/ACA, or an equivalent overseas accreditation body, 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 or have a close personal relationship with the student.
- University staff may contact you to verify the authenticity of this document.

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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)
☐ Class and tutorial attendance
☐ Other (Please specify):
☐ Examination
☐ Performance/ presentation

## Additional Information (Optional)

To assist assessors, please provide further information on the impact of the student's circumstances, or regarding the exceptional circumstances that prevented the student from submitting within the EVA submission time frame.

## 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:**