Medical Pro forma  
(for Higher Degree Research Candidates)

This Pro forma is to be completed by Higher Degree by Research (HDR) candidates applying for extension/suspension of candidature in excess of ten working days (or a minimum of 12 consecutive days) on medical grounds (for personal or carer’s leave) or those applying to change candidature status from full to part-time for medical reasons.

HDR applicants should complete the ‘Medical Pro forma for HDR Applicants’ not this form.

This personal information is being collected for the primary purpose/s of providing disability or medical-related services and practical project adjustments.

Failure to provide the requested information may result in you not receiving necessary project adjustments or services to alleviate the implications of your disability or medical condition on your research training. Your personal information will only be used for the primary purpose for which it is collected and disclosed only to the following persons or organisations:

- employees of the University who require the information to properly carry out their duties; and
- Department of Education, Employment and Workplace Relations as part of the regular statistics collection of recorded disability type.

The University will ensure that your information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law. Personal information will be managed in accordance with the Personal Information Protection Act 2004, and the University of Tasmania’s Personal Information Privacy Policy.

Completing this form

The candidate is required to complete Parts A and B (including the declaration) and their medical practitioner should complete Part C. **Note: Medical Certificates will not be accepted.**

In all but exceptional circumstances, the medical practitioner must examine the candidate or in cases of carer’s leave, the candidate’s partner or immediate family member, on or before the beginning of the period of leave identified in Section C. **An application is not to be retrospective.**

An Application to Change of Conditions of Candidature or Scholarship form must be completed in conjunction with this Pro forma. No changes will be made to your candidature record until a completed application form is submitted to the Graduate Research Office.

This Medical Pro forma will not be provided to your School / Institute / Centre. The Pro Vice Chancellor – Research Training will make a decision on the basis of information provided by your medical professional. If medical leave is approved the Graduate Research Office will advise you and your School / Institute / Centre of this decision and the start and end dates of the leave. No other information will be provided.

More information on ‘Support for Candidates with Disability and Medical Conditions’ can be found in the procedures and at: [www.utas.edu.au/research/graduate-research/rules-and-guidelines](http://www.utas.edu.au/research/graduate-research/rules-and-guidelines)

This Pro forma should be submitted in confidence to the Office of the Pro Vice Chancellor – Research Training by mail or email Imelda.Whelehan@utas.edu.au

International Candidates please note: A copy of this form may be sent to International Compliance at the University of Tasmania in accordance with the provisions of the Education Services for Overseas Students (ESOS) Act 2000; the ESOS Regulations 2001 and the National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (The National Code 2007).
Section A – This section is to be completed by the candidate.

Name:  
ID No:  

Important Information:
1. Unsigned ‘Applications for Changes to Candidature’ or Medical Pro formas will not be considered.
2. The provision of evidence does not guarantee that leave will be granted as the candidate must meet other conditions.
3. Candidates in receipt of scholarships should check their conditions of award to determine whether paid sick leave is available to them.
4. Extension/suspension on the grounds of illness or disability lasting more than 10 working days will only be granted for a maximum of three months. For periods of illness lasting longer than three months, a new application must be completed before the end of the approved period of sick leave.
5. Applications on the basis of long term conditions will be considered with reference to any previous history of suspension on the same basis and with reference to any Candidature Management Plan that is currently in place Approval of applications on the basis of long-term conditions may be conditional on implementation or review of a Candidature Management Plan.
6. It is strongly recommended that candidates discuss any issue that may affect their progress with their supervisor/s or Graduate Research Coordinator.
7. Any history of applications for suspension for sick or carer’s leave will be investigated and considered in the assessment of this application.

Section B – Declaration of Candidate OR Candidate and Candidate’s Partner/Immediate Family Member

I, .................................................. (please print name)  
confirm that I have read the above information and understand the guidelines under which my application will be assessed.

I authorise .................................................. (insert medical professional’s name and phone number) to furnish the University with a report of the nature of my, illness or incapacity.

OR
I am the partner/family member of .................................................................(candidate’s name) and  
I authorize .................................................. (insert medical professional’s name and phone number) to furnish the University with a report of the nature of my, illness or incapacity.

I authorise the Pro Vice Chancellor – Research Training to obtain further information from the above medical professional as required.

I understand that I am also required to submit a completed and fully signed Application to Change Candidature or Scholarship Details.
Confidential to the Pro Vice Chancellor - Research Training

Candidate Signature: ___________________________ Date: _______________________

Please provide all pages of this Medical Pro forma to your medical practitioner and request that they complete Part C and forward the completed documentation, marked Private & Confidential, to:

Pro Vice Chancellor – Research Training
Prof. Imelda Whelehan
University of Tasmania
Private Bag 3
HOBART TAS 7001

Or via email to: Imelda.Whelehan@utas.edu.au
Patient Name: ____________________________________________

Date of medical examination/s: ________________________________

Please complete the following sections. Please attach any extra information.

Tick one of the following options:

☐ A. The candidate’s / candidate’s partner or immediate family member’s illness or incapacity is sufficiently serious to prevent the candidate from working on their Higher Degree by Research for the period identified below.

☐ B. The candidate’s /candidate’s partner or immediate family member’s illness or incapacity is sufficiently serious to prevent the candidate from working on their Higher Degree by Research on a full-time basis for the period identified below. It is recommended that their candidature be changed to part-time for the period identified below.

☐ C. The candidate’s /candidate’s partner or immediate family member’s illness or incapacity was not sufficiently serious to prevent him/ her from undertaking their Higher Degree by Research.

☐ D. The candidate requires physical or other adjustments and/or accommodations to assist them to continue with their research training and submit a thesis with the maximum degree period.

If you marked A or B, please also answer the following questions:

Period of incapacity

Start date: ……………… End date: ……………………..

Is medical re-assessment required at the end of the identified period to determine the candidate’s capacity to re-enrol/resume their Higher Degree by Research?

Yes ☐ No ☐

If you marked A, B or D please also answer the following questions:

Is the illness or incapacity: Pre-existing ☐ Continuing ☐ Long-term ☐ Other ☐

Nature of disability / health condition: Please also attach any existing specialist reports

Expected duration of disability/condition if applicable (circle applicable): Temporary (approx. duration …………. months) Permanent
Impact of disability/health condition/medication on research training at UTAS, including performance in lectures, laboratories, and assessment or review situations.
Please consider: reading, writing, listening, cognitive processing, concentration, interaction, sitting tolerance, stamina, mobility, parking requirements, seating requirements, accessing library resources etc.

Medical Practitioner’s Name: ...........................................................................................................
Address: ........................................................................................................................................
...................................................................................................................................................

Phone number: ........................................... Email:.................................................................

Signature: ........................................................................................................................................ Date: ...............