UWay 2011
A special entry scheme for WACE students who have experienced disadvantage

Criterion 7
A period of long illness or other medical condition, which is now over or abating or is being managed effectively

Step 1
Describe the nature of the illness or medical condition you experienced during Year 11 and/or Year 12 and state whether the illness or condition is now over or abating or is being managed effectively (in a maximum of 200 words). Please note that ongoing chronic illnesses or medical conditions cannot be considered through the UWay scheme.

Please be aware that UWay cannot consider cases where a student has already been granted special consideration through the Curriculum Council's Sickness and Misadventure policy, unless the application is supported on grounds not previously reported to the Curriculum Council or arising more than 3 months prior to sitting the WACE examinations. Issues arising prior to this point in time may provide grounds for UWay application.

UWay 2011: C7.1    Student Name: .................................................................
Step 2
What impact did your illness or medical condition have on your preparation for the WACE examinations (or equivalent)? (Place an X in the appropriate box.)

Note: you must provide evidence to support your claim and that evidence must make clear the impact on your studies. The University may re-assess your claim based on the supporting evidence.

- I was severely incapacitated
- I was moderately incapacitated due to recurring symptoms
- I had occasional disruptions to my studies
- Impact was relatively minor

COMMENTS TO ELABORATE FURTHER (IF REQUIRED):
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Step 3
For how long were you affected by the illness or medical condition? (Place an X in the appropriate box.)

- Affected for more than 2 years AND/OR affected in the last 3 months prior to sitting the WACE examinations
- Affected for between 1 and 2 years AND/OR affected in any other time during Year 12 (but not within 3 months of sitting the WACE examinations)
- Affected for 6 months to 1 year AND/OR affected in Year 11
- Affected for less than 6 months AND/OR affected more than 2 years ago

Step 4
List the documentary evidence you have provided to support your case for Criterion 7. See page 2 of ‘Student Statement’ form for information on what constitutes appropriate evidence.
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UWay 2011: C7.2

Student Name: .................................................................................................................................
Criterion 7: Medical Evidence Form
This form must be completed by your Medical Practitioner or Health Professional in relation to Criterion 7.

<table>
<thead>
<tr>
<th>Name of Medical Practitioner / Health Professional:</th>
<th>Please write details below, or use official stamp:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and address of Hospital / Clinic / Surgery:</td>
<td></td>
</tr>
<tr>
<td>Telephone number:</td>
<td></td>
</tr>
</tbody>
</table>

I certify that I examined Mr/Mrs/Miss/Ms ................................................................. (Name of Applicant)
on ........................................................................................................................................................................ (Date/s of consultation)

**What is the medical diagnosis?***(Please note that the information you provide will be treated in the strictest confidence and that you should provide all relevant information with this application. Please explain how it impaired the candidate in their preparation for the WACE examinations [or equivalent].)**

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Dates of onset and functional resolution of the problem: from to

Dates of first consultation regarding this problem: from to

**Degree of illness - Please rate the degree of illness relating to the degree of functional or cognate impairment at the time of the illness.***(Please mark an X in the appropriate box.)***

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Chronic</th>
</tr>
</thead>
</table>

**Declaration of Medical Practitioner / Health Professional**
I consider the above illness / medical condition to be temporary or abating in nature and, as a result, I consider that the applicant was disadvantaged in their preparation for the WACE examinations (or equivalent).

Signature .............................................................................................................................. Date ...............................................................