

Practitioner Statement



Supporting Evidence for Aegrotat Application

To be completed by a Registered/Accredited Medical Practitioner, Dental Surgeon, Psychiatrist, Psychologist, or Counsellor and included with learner's Aegrotat Application or forwarded to the Department Office, Ara Institute of Canterbury Ltd, PO Box 540, Christchurch 8140

I certify that	<input type="text"/>
Was seen by me on	<input type="text"/>
And was diagnosed with	<input type="text"/>
Are you the applicant's regular medical/other attendant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of other consultations relevant to this application	<input type="text"/>

Please complete either "Absence from Assessment" or "Impaired Performance" below:

Absence from Assessment

Note: Absence is considered when a learner's circumstances are serious enough to prevent them from attending the assessment. It is not considered for absence from class, loss of study or preparation time.

I verify that the applicant's circumstances at the time of the assessment/s prevented them from undertaking it

Yes Unable to verify

Period of total incapacity, confinement to bed or residence:

Further Details:

Impaired Performance

Note: Impaired performance is considered when a learner's circumstances are serious enough to significantly impair their performance during the assessment. It is not considered for impairment due to loss of class, study or preparation time.

I verify that the applicant's circumstances during the assessment/s seriously impaired their performance

Yes Unable to verify

Period of impairment:

Further Details:

The information contained in this statement will be used by Ara only for the purposes of this aegrotat application.

Practitioner Details

Name:	
Designation:	
Address:	
Phone:	
Date form completed:	
Signature:	

Practitioner Stamp

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