# Enrolment Variation Form (Medical Reasons)

This form is to be used in conjunction with the Enrolment Variation Form. Required evidence documents must be original or JP certified and attached to this form.

**Please return completed forms and documents to Student Support: Level 6, 359 Queen Street Brisbane QLD 4000**

## STUDENT INFORMATION

| | |
|---|---|
| Student Number: | Title (Mr., Mrs., Ms.): |
| First Name: | Last Name: |
| Gender: Male ☐ Female ☐ | Date of birth (dd/mm/yy): _____ / _____ / _____ |
| Telephone number: | Mobile Number: |
| Email Address: | |
| Residential address in Australia: | |
| Student Status: ☐ Enrolled but not commenced ☐ Current ☐ Suspended | |

## CURRENT COURSE DETAILS

| | |
|---|---|
| Course Code and Title: | |
| Course start date: | Course end date: |

## REQUEST DETAILS

| | |
|---|---|
| Request Type: ☐ Deferment/Extension ☐ Cancellation | |
| Date of request submitted: | Enrolment start date: |
| Deferment/extension start date: | Deferment/extension finish date: |
| Reason for request: | |
| Mention the documents and evidence, Originals or JP Certificated Documents provided: | |

## STUDENT CHECKLIST

☐ I have documents supporting my claim for extenuating circumstances and have attached original or JP certified copies of these documents.

☐ If claiming for a medical condition, I have attached the Medical Practitioner Certificate and completed Medical Information Form.

I hereby declare this claim to be true and correct

I understand that there may be additional fees associated with my enrolment variation request, as outlined in the Student Handbook, and that I will be advised of all applicable fees prior to proceeding with my request.

**Student Signature:** _____ **Date:** _____ / _____ / _____

**BRISBANE**
Level 6, 359 Queen Street
Brisbane QLD 4000 Australia
+61 7 2102 3553
info@axisinstitute.edu.au

**Important: This form must be accompanied by an official medical certificate and to be filled out by a Medical Practitioner.**

## MEDICAL INFORMATION FORM - TO BE SUBMITTED WITH THE MEDICAL CERTIFICATE

The purpose of this Medical Information Form is to allow Axis Institute to assess if your patient is eligible for an deferment/extension or cancellation of the course they are currently enrolled in. Axis Institute will only approve the request if the Claimant can satisfy Axis Institute that she/he is currently suffering from a medical illness or condition. For Axis Institute to properly assess the Claimant's medical position, we require that a Medical Practitioner complete this form in a detailed manner with the authority of the Claimant.

Patient's Name:

Medical Practitioner's Name:

Medical Practitioner's Qualification:

Practice Name:

Provider Number:

Please state the nature of the injury or diagnosis of the Patient's illness or condition:

When did the Patient first consult you in connection with the illness:

How is this illness or condition likely to impact the student's ability to complete their studies:

For how long is this illness or condition likely to continue:

Are you the Patient's usual Medical Practitioner:

If so, approximately how long have you been treating the Patient:

I, the medical practitioner, delcare that the information given in this form is true, complete and accurate:

**Medical Practitioner's Signature:** _____ **Date:** _____ / _____ / _____

## STUDENT'S AUTHORITY TO VERIFY

I, the patient, hereby give the Axis Institute authority to contact my Medical Practitioner for verification of my claim:

**Student Signature:** _____ **Date:** _____ / _____ / _____

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