Medical Form Fact Sheet

Please read the following before completing this form.

It is important that you:

- Ensure that the **'Medical Form'** (pages 3 - 5) is completed in full by your Psychologist/Clinical Care Provider.
- Take the Fact Sheet (page 2) with you to the consultation and give it to the Psychologist/Clinical Care Provider at the time of consultation.
- Point out to the Psychologist/Clinical Care Provider the requirements of a Medical Form to support enrolment (Paragraph 2 on the Fact Sheet)
    - the Medical Form must state that the child is not able to attend a mainstream school for more than 80 consecutive days due to their medical condition.

Fact Sheet - Information for students with medical form

The following information is provided to assist you to decide whether enrolment at a School of Distance Education is the most appropriate form of education to meet the needs of the student.

Medical enrolment in a School of Distance Education

Students who cannot attend a mainstream state school for more than 80 consecutive school days due to health reasons may apply for an exemption from the enrolment fee when they submit a medical form stating this fact. The medical form must be signed by a medical practitioner or a person registered under the Health Practitioner Regulation National Law to practise in the psychology profession, other than as a student.

A successive medical form would be required after the expiry of the current form stating the period that the student cannot attend mainstream school.

The physical separation of teachers and student in distance education can be challenging for students and their families, particularly for new enrolments. In order for this form of learning to be rewarding and successful for the student, it is important that a strong partnership exists between the school and the home.

It is essential that an appropriate level of support and supervision is available at home. This supervision is to be provided by the home tutor, usually a parent. The home tutor must be able to:

- participate in induction programs and ongoing home tutor support activities
- establish and maintain regular contact with the teacher(s) and the school, and advise of any changes to the student's condition or other family circumstances which may impact on the student's learning or ability to return school work on time
- provide active on-site support and supervision of the student, ensuring that the student attends scheduled telephone or online lessons (unless the condition precludes this) and that work is completed in the allocated time
- ensure the student has ready access to all necessary learning materials and resources, including an appropriate work area.

Distance education will be quite different to other forms of schooling in which the student may have participated. It is essential that the student is able to:

- establish and maintain contact with the teacher(s)
- return completed work to the teacher(s) regularly
- participate in field/extension services and extracurricular activities related to the student's course or year level, where these are conducted in or near where the student resides and are not precluded by the student's condition.

The following services are provided by the School of Distance Education to students enrolling in the medical category:

- induction for the home tutor
- school communication through a variety of channels including face-to-face, prospectus, handbook, course outline, newsletters and web pages
- provision of print and digital course materials
- assessment and reporting on returned work
- scheduled telephone and, where appropriate and available, online lessons, plus as-required support by telephone, fax or email to meet educational needs
- access to library and resource centre services, providing resources in hard copy, on disk, or by internet
- guidance and special needs support
- access to a range of field services appropriate to the course of study, as determined by the school in consultation with the school community
- subsidies to assist families with the cost associated with providing computer technology for the home classroom.

Individual Schools of Distance Education may also provide additional services based on resourcing capacity and in line with the needs of the school community.

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Medical Form – 2027

This form is to be completed by a medical practitioner or a registrant under the *Health Practitioner Regulations National Law* to support an application for enrolment in a school of distance education under the medical category.

Name of Student		DOB	

1. Nature of medical condition and how has this prevented the student from attending mainstream schooling?

I certify that this student cannot attend a mainstream state school for more than 80 consecutive days

☐ Medical Practitioner

☐ Health Practitioner as defined by a person registered under the Health Practitioner Regulation National Law to practise in the psychology profession

2. Please provide additional information, including interventions, to assist us with educational planning for this student

Ph: +61 7 4080 9111 E: admin@cairnssde.eq.edu.au W: https://cairnssde.eq.edu.au
Address: 62 Moore Street, Manunda Qld 4870 Post: PO Box 7092, Cairns Qld 4870
Facebook: Cairns School of Distance Education Instagram: cairnssde
Department of Education Trading as Education Queensland International (EQI) CRICOS Provider Code 00608A
Queensland Government

3. Expected length of time this condition will prevent the student from attending a mainstream school. The enrolment will be reviewed at the end of this time or at the end of the second school year of enrolment, whichever is earliest. Continuing enrolment on medical grounds that preclude attendance at a mainstream school beyond this date will require further documentation.

Is this medical condition:

☐ Permanent

☐ Temporary

If temporary:

Expected length of medical condition: _____

Date of next recommended review: ☐ 1 year

☐ 2 years

☐ Other: _____

Recommendation

I have noted the information relating to circumstances surrounding studying by distance education. I recommended that, for the medical reasons provided in this document, the student is not capable of attending mainstream schooling and should study with the school of distance education.

Name		
Signature		
Date		
Address		
Contact Number		
Email		
Provider Number		
		Imprint above with official stamp

Privacy Statement

The Department of Education is collecting the information on this form for the purposes outlined in the Education (General Provisions) Act 2006 (EGPA 2006), and in particular for:

- Eligibility for the enrolment in a School of Distance Education under the medical category
- Subsidised telephone teaching (if an application is to be made)

The information will also be used to assist the School of Distance Education in which the student is enrolling to develop an appropriate education program for the student. You can find information on the privacy of personal information here in The Information Privacy Act 2009: https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014. The original of this form will be stored with the original enrolment application at the School of Distance Education in which the student is enrolling. Only authorized government officers will have access to the original forms. The personal information contained in this form will not be disclosed to any other third party without your consent, unless authorised or required by law. If you have any inquiries about completing this form, please contact the Principal of the School of Distance Education in which the student is enrolling.

To be completed by the Principal/Delegate of Cairns School of Distance Education

Review

Medical condition (including updates)

- ☐ Wellbeing (social and emotional)
- ☐ Academic progress
- ☐ Home Tutor support
- ☐ Suitability of Cairns SDE as the school

Review date

- ☐ Permanent condition no further review
- ☐ Temporary condition:

Review:

- ☐ 1 year
- ☐ 2 years

Principal/Delegates Decision

- ☐ Application Approved
  - ☐ Second opinion from Doctor or Registered Psychologist requested
  - ☐ Application not approved

Reasons:_____

Signed		Date	