

# Schedule 2: Fact sheet on medical certification

### Please read

It is important that you:

- Ensure that the form (commencing on page 3 of this document and titled) Medical certification is completed in full by your Psychologist / Clinical care provider.
- Take the fact sheet (on page 2 of this document) with you to the consultation with the Psychologist / Clinical care provider.
- · Give the fact sheet to the Psychologist / Clinical care provider at the time of consultation.
- Point out to the Psychologist / Clinical care provider the requirements of a medical certificate to support enrolment paragraph 2 on the fact sheet the medical certificate must state that the child is not able to attend a mainstream school for more than 80 consecutive days due to their medical condition.

### Distance Education enrolment fees

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 where they submit a medical certificate stating this fact. The medical certificate 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 certificate would be required after the expiry of the current certificate stating the period that the student cannot attend mainstream school.

The physical separation of teacher and student in distance learning 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 any changes to the student's condition or other family circumstance 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 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 learning 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 to students enrolling in the medical category in a school of distance education by the school of distance education:

- · 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 course materials, including print and digital
- assessment and reporting back on returned work
- scheduled lessons using telephone and, where appropriate and available, online plus additional as-required support/help through phone, fax
  or email to meet educational needs
- · access to library and resource centre services, providing resources in hard copy on disk, or via 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.





### **Medical certification**

2025

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.

#### **Privacy statement**

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

- i. assessing whether your application for enrolment should be approved
- ii. meeting reporting obligations required by law or under Commonwealth State funding arrangements
- iii. administering and planning for providing appropriate education, training and support services to students
- iv. assisting departmental staff to maintain the good order and management of schools, and to fulfil their duty of care to all students and staff
- v. communicating with students and parents.

This collection is authorised by ss. 155 and 428 of the EGPA 2006. DoE will disclose personal information from this form to the Queensland Studies Authority when opening student accounts, in compliance with Part 2A of the Education (Queensland Studies Authority) Act 2002 (Qld). Personal Information from this form will also be supplied to Centrelink in compliance with ss.194 and 195 of the Social Security (Administration) Act 1999 (Cth). De-identified information concerning parents' school and non-school education, occupation group and main language other than English and students' country of birth, main language other than English, sex and Indigenous status, is supplied to the Commonwealth Department of Education, Employment and Workplace Relations in compliance with Commonwealth — State funding agreements. Personal information collected on this form may also be disclosed to third parties where authorised or required by law. Your information will be stored securely. If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact your child's school in the first instance. If you have a concern or complaint about the way your personal information has been collected, used, stored or disclosed, please also contact your child's school in the first instance.

Student name		Date of birth						
Nature of illness or medical condition:								

2. Expected length of time the condition will prevent the student from attending a mainstream school:

(To meet the requirement for enrolment under the 'Medical' category, the Education (General Provisions Act 2006) requires that the student is unable to attend their base school for more than 80 consecutive school days due to health reasons.)

3. Please provide a brief outline of the medication/therapy/counselling the student is receiving:





## **Brisbane School of Distance Education**

4. FIOIII a IIIe	dicai perspectiv	e, what should	u teachers t	e aware	or in order to	provide trie	nignesi quali	ty education?
5. Please pro	vide anv additio	nal informatio	n relevant to	o the prov	ision of an a	ppropriate ed	ducational pro	ogram for this student:
o. Trodes pro	ride arry addition	nai internatio	in rolovalit to	o ano prov	olori or arra	ppropriate	addational pri	
Recommend	ation							
I have noted the information relating to circumstances surrounding studying by distance education. I recommend that, for medical reasons provided in this document, the student is not capable of attending mainstream school for more than 80 consecutive school days due to health reasons and should study with the Brisbane School of Distance Education.								
Signature							Date	
Provider numbe	er							
Medical pra	ctitioner's d	etails						
Name								
Address								
Town/City					Postcode			
Phone								
Email							Imprint abo	ve with official stamp

