

## **HFS09 Submission of Documentation Form**

Use this form to submit documents for compassionate or compelling circumstances and other submissions.

Stu	den	t Name:						
Student ID Number:								
Course Enrolled:								
Class Number:								
Nature of documents submitted:								
1.	Serious illness or injury (i.e. Medical Certificate)							
	a) Medical Certificate to cover your normal class							
	b) Medical certificate to cover your re-do class [Unit Name:]							
	c) As appeal documents against a warning letter for poor attendance							
2.	2. A Statutory Declaration / Statement in support of class absence(s)							
3.	Bereavement of immediate family members (Certificate required)							
4.	. Working with Children Check							
5.	. National Police Clearance							
6.	Immunization records							
7.	. First Aid certificate							
8.	S. Flight itinerary							
9. Other documentation [Please specify]								
Signature				Date				

This form should be used only along with supporting documents (such as a Medical Certificate)

Please note that Medical certificates submitted later than  $\underline{\text{2 weeks}}$  will NOT be accepted.

OFFICE USE ONLY												
Received By:		Date Received:										
Medical Certificate was ha	anded within two weeks	Yes		No								
Documents Recorded in PowerPro/Attendance:		Date Recorded:										
Recorded By:		Signature:										