

AFS09 Submission of Documentation Form

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

Student 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.	3. Bereavement of immediate family members (Certificate required)								
4.	1. Working with Children Check								
5.	. National Police Clearance								
6.	. Immunization records								
7.	. First Aid certificate								
8.	3. 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 <u>2 weeks</u> will NOT be accepted.

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