# Application Form - Clinic Session Make-Up - Higher Education

Read the [Attendance Policy - HE](https://acnm.s3-ap-southeast-2.amazonaws.com/pub/DOCID-3-276.pdf) prior to completing this form to ensure you are eligible for consideration.

#### What you need to know - Please read this carefully (*4 pages, please see over*)

To successfully complete a clinic subject, a student must attend all scheduled sessions (including the orientation session), for the whole duration of each session. Students can miss clinic for limited reasons as stated in the [Attendance Policy - HE](https://acnm.s3-ap-southeast-2.amazonaws.com/pub/DOCID-3-276.pdf). If a clinic session is missed, it must be “made up” in order to obtain a final grade in the clinic subject. Failure to gain approval prior to doing a make-up session, or not completing an approved make-up session, will result in a fail grade being awarded for the subject.

The maximum number of clinic sessions that can be missed and subsequently made up in any one study period in a clinic subject is dependent on the credit point weighting of the clinic subject:

* 2 CP subject – 1 session
* 4 CP subject – 2 sessions
* 6 CP subject – 3 sessions
* 8 CP subject – 4 sessions

In exceptional circumstances students may be permitted to make up more sessions than specified above; in this circumstance students must apply for Special Consideration.

Allowable reasons for missing a clinic session per the [Attendance Policy - HE](https://acnm.s3-ap-southeast-2.amazonaws.com/pub/DOCID-3-276.pdf) are:

* Illness, with a certificate from a registered health practitioner
* Serious personal or emotional trauma (such as a death in the immediate family), with appropriate documentation
* Sporting or cultural commitments at State, national or international level, with appropriate documentation
* Endeavour College higher education examinations for other subjects (i.e. mid-semester or final examination for an online subject clashing with a clinic class must take precedence over the clinic class)\*

Where a clinic is cancelled by the College (e.g. COVID lockdowns) students are not required to complete this form; staff will reschedule cancelled classes and advise students of the replacement day/s and time/s as soon as they are able.

The following are **not** allowable reasons for missing a clinic session:

* Work commitments
* Holiday arrangements (including overseas travel and school holidays)
* Social and leisure events or personal commitments (including weddings)
* Transportation problems

If you are ill, you should not come to clinic. If you are ill with an infectious disease, you **must not** come to clinic.

A Clinic Make-Up Session must be completed in the same clinic block or by week 3 of the following clinic block.

The student is expected to participate fully in the Clinic Make-Up Session and provide every opportunity for the make-up clinic supervisor to assess their clinical skills.

\*Attendance at examinations for other Endeavour College subjects will not deduct any classes from the maximum number of sessions allowed to be missed but must still be made up using this form and the following process.

#### What you need to do - Checklist

|  |
| --- |
|[ ]  Whenever you cannot attend a clinic session, you must advise your local clinic as far in advance as possible. |
|[ ]  Whenever possible, notify your Supervisor and Clinic Manager in person at your clinic session the prior week. If that is not possible, then notification of absence must be done **no later than the start time** of the missed clinic by emailing the address below for your campus.  |
| adelaide.clinic@endeavour.edu.au | brisbane.clinic@endeavour.edu.au | goldcoast.clinic@endeavour.edu.au |
| melbourne.clinic@endeavour.edu.au | perth.clinic@endeavour.edu.au | sydney.clinic@endeavour.edu.au |
|[ ]  This email address will be monitored by clinic staff, so **do not include any sensitive, personal or confidential information in your email**. |
|[ ]  **In the subject line, state “CLINIC ABSENCE”, and in the body of the email, include your full name, discipline and subject code, supervisor’s name, and the day/time of the clinic(s) you will miss.**  |
|[ ]  **Include a contact number where you can be reached if needed.** |
|[ ]  As soon as possible after your missed clinic, fill out PART A (Sections 1 - 3) of this form and submit it to the supervisor of the missed clinic **with** the appropriate documentation showing the reason for your absence in order to receive their approval to make-up the clinic. This form **must** be submitted no later than 1 week following a missed clinic; late applications will not be accepted. |
|[ ]  On receipt of the supervisor-signed make-up form, consult the **Clinic Manager** for available days and times for make-up sessions in your discipline. Choose two options and fill out Section 5 of this form. |
|[ ]  Take the form to the **Clinic Manager** for confirmation of your make-up session. The Clinic Manager will confirm the date and time, roster you into a room and complete PART C of the form. |
|[ ]  **Before the day of your make-up, ensure that you have at least one client booked into your room for that session. If you do not book at least one client into your room on the day of your make-up clinic, you will be required to reschedule your session.** |
|[ ]  Complete your clinic make-up at the approved day/time and have the **supervisor** of the make-up session sign PART D of this form. |
|[ ]  Make a copy of the completed form and keep it for your records.  |
|[ ]  Scan the original of the form and upload it as a PDF to your Course area of the My Courses section of the LMS and advise your **supervisor** that you’ve submitted your make-up application.  |
|[ ]  If you are making the clinic up in the first three weeks of the **following clinic block period**, return the original form instead to **the Academic Clinic Coordinator** in order to have your final grade converted from ‘Incomplete’. |

# Application Form - Clinic Session Make-Up

**This form must be submitted no later than 1 week after the missed clinic session; late applications will not be accepted.**

### PART A - Student to complete Sections 1 - 3

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| Student Number  | Campus  |
| Title  | Given Name  | Family Name  |
| Address  |
| Suburb  | State  | Postcode  |
| Phone Number  | Additional Phone  |
| Email  |

1. APPLICATION DETAILS

|  |  |
| --- | --- |
| Course Title |  |
| Subject Name | Subject Code |
| Regular Clinic Day | Regular Clinic Time |
| Supervisor Name | Date of Absence |
| Reason for absence (attach required documentation) |
| How many clinic sessions have you already missed in **this subject code** this study period? |
| For **this subject code**, when are your other clinic sessions each week? |

1. STUDENT DECLARATION

I (the undersigned), declare that: *(tick each)*

|  |
| --- |
|[ ]  I have read and understood the policies related to this form and that the information I have provided within this document is true, correct, and complete in every respect. |
|[ ]  I acknowledge that the submission of false, incorrect, incomplete, or misleading information may result in cancellation of my enrolment and/or delays in processing this request. |
|[ ]  I acknowledge that the Policies and Procedures have been made available to me online and I have read, understood and accepted these as conditions of my enrolment including the [Attendance Policy - HE](https://acnm.s3-ap-southeast-2.amazonaws.com/pub/DOCID-3-276.pdf). |
| Student Name  |
| Student Signature  | Date  |

**PRIVACY**: For details of College practices regarding student information and privacy see<https://www.endeavour.edu.au/about/policies-procedures-and-forms>

### PART B - Supervisor of missed clinic to complete

1. SUPERVISOR OF MISSED CLINIC SESSION

|  |  |
| --- | --- |
| Supervisor Signature | Date |

### PART C - Student and Clinic Manager to complete

1. SELECTION AND APPROVAL OF MAKE-UP SESSION

|  |  |
| --- | --- |
| Proposed Make-up Clinic Details | Campus |
| Option 1 Day/Time | Option 2 Day/Time |
| Make-up Session Scheduled by Clinic Manager - Day/Time |
| Supervisor Name | [ ]  Yes | [ ]  No |
| Student rostered in Wellnation | [ ]  Yes | [ ]  No |
| Student notified | [ ]  Yes  | [ ]  No |
| Clinic Manager Signature | Date Approved |

### PART D - Supervisor of make-up clinic to complete

1. COMPLETION OF MAKE-UP SESSION

To be completed by the make-up Clinic Supervisor

|  |  |
| --- | --- |
| Supervisor Name | Date/Time of Make-up |
| Supervisor Signature | Date Completed |
| Comments (for the attention of the student and the enrolled Clinic Supervisor) |
|  |
|  |
| Punctuality |
| Professional appearance and behavior |
| Communication with client |
| Communication with other students and supervisor |
| Areas for development |
|  |
| Strengths noted |
|  |

**Make-up Clinic Supervisor to return form to student once completed**

**Student must upload this form to their Course area of the ‘My Courses’ section of the LMS**