



## APPLICATION FOR INGESTIVE CLINIC MAKE-UP CLASS FORM

### POLICY CONTENT

- It is allowable for students to be absent from **one Clinical Practice 2 class** per term without having to attend a make-up class
- If absence **exceeds one class** during the term due to extenuating circumstances, students are required to provide supporting evidence (as listed below) to their Clinic Supervisor and makeup the class by attending another Clinical Practice 2 class during the same term.
- Arrangements for the makeup class are to be made with the Wellness Centre reception team.
- If the last class of the term was missed and a makeup class is required, the makeup class must be completed within the first two weeks in the next available term

Extenuating circumstances in which I can apply for a make up class	What evidence do I need?
<ul style="list-style-type: none"> <li>• Illness or Incapacity</li> </ul>	<ul style="list-style-type: none"> <li>• A certificate from a registered practitioner</li> </ul>
<ul style="list-style-type: none"> <li>• Bereavement in the immediate family</li> </ul>	<ul style="list-style-type: none"> <li>• Medical declaration</li> </ul>
<ul style="list-style-type: none"> <li>• Hardship/Trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Cessation certificate</li> </ul>

- If absence exceeds more **than two classes** for the duration of the term students will be required to withdraw from the Clinical Practice 2 unit of study and re-sit (re-enrol) into the Clinical Practice 2 unit of study in the next available term.

### Student Action List:

Complete this Ingestive Clinic Make-Up class application form

Contact Wellness Centre reception staff to arrange a makeup class.

Email [clinicstaff@naturecare.com.au](mailto:clinicstaff@naturecare.com.au) : Telephone 8423 8444 or in person at the Wellness Centre

***When you attend your scheduled make- up class have the Clinic Supervisor complete the Supervisor’s section of this form***

Return this completed form to your regular class Clinic Supervisor to attach to the class attendance role

### PLEASE NOTE YOUR RESPONSIBILITIES:

- To pursue this matter within 7 days of exceeding the absence of more than one class per term
- To ensure the Clinic Supervisor of the make-up class signs this form as proof of attendance

### Student Details:

Name & Student Number.....

Mobile: .....Email: .....

### Make-up Class:

Clinic Name	Date Attended	Clinic Supervisor Name	Supervisor Signature

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