

# MFS13:Submission of Documentation Form

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

## Student Information

Field	Details
Student Name:	
Student ID Number:	
Course Enrolled:	
Class Number:	
Submission Date:	

## Nature of Documents Submitted

Please check all applicable boxes:

### 1. Medical Documentation

<input type="checkbox"/>	<b>Medical Certificate</b> - for normal class absence coverage
<input type="checkbox"/>	<b>Medical Certificate</b> - for make-up/catch-up class coverage
<input type="checkbox"/>	<b>Medical Certificate</b> - as supporting evidence for intervention strategy under MITP02
<input type="checkbox"/>	<b>Medical Certificate</b> - as appeal documentation for course progress concerns

### 2. Compassionate and Compelling Circumstances Documentation

<input type="checkbox"/>	<b>Serious Illness or Injury</b> (Medical certificate required)
<input type="checkbox"/>	<b>Bereavement of Close Family Members</b> (Death certificate required where possible)
<input type="checkbox"/>	<b>Major Political Upheaval/Natural Disaster</b> in home country requiring emergency travel
<input type="checkbox"/>	<b>Traumatic Experience</b> (Police or psychologist reports required)
<input type="checkbox"/>	<b>Family Crisis/Domestic Violence</b> (Professional reports required)
<input type="checkbox"/>	<b>Financial Hardship</b> affecting ability to study (Supporting documentation required)

### 3. Statutory Declarations and Statements

<input type="checkbox"/>	<b>Statutory Declaration/Statement</b> in support of class absence(s)
<input type="checkbox"/>	<b>Student Statement</b> for intervention strategy assessment

### 4. Professional Requirements Documentation

<input type="checkbox"/>	<b>Working with Children Check</b>
<input type="checkbox"/>	<b>National Police Clearance</b>
<input type="checkbox"/>	<b>Immunization Records</b>
<input type="checkbox"/>	<b>First Aid Certificate</b>

## 5. Administrative Documentation

<input type="checkbox"/>	<b>Flight Itinerary</b>
<input type="checkbox"/>	<b>Visa/Immigration Documentation</b>
<input type="checkbox"/>	<b>Employment Verification</b>
<input type="checkbox"/>	<b>Accommodation Documentation</b>

## 6. Other Documentation

**Other Documentation** (Please specify):

## Student Declaration

I declare that:

- All information and documentation provided is true and accurate
- I understand that fraudulent documentation may result in disciplinary action under MITP04 Student Code of Conduct
- I consent to this information being used for attendance monitoring (MITP01) and course progress monitoring (MITP02) purposes
- I understand that this documentation may be considered in intervention strategy development

<b>Student Signature:</b>	
<b>Date:</b>	

## Important Notes

**⚠ Medical certificates submitted later than 2 weeks will NOT be accepted unless exceptional circumstances apply**

**⚠ This form should only be used with supporting documents (such as Medical Certificates)**

**⚠ All documentation becomes part of your academic record and will be stored securely as per MITP31 Student Records Management Policy**

### **⚠ How to Submit This Form**

1. **In Person:** Submit directly to Student Services Officers at reception/student services desk
2. **Email:** Send completed form with supporting documents to [academics@menzies.vic.edu.au](mailto:academics@menzies.vic.edu.au)
3. **Mail:** Menzies Institute of Technology, Level 4, 355 Spencer Street, West Melbourne VIC 3003

**Contact: Phone: 1300 244 002 or (03) 7045 5524 | Email: [academics@menzies.vic.edu.au](mailto:academics@menzies.vic.edu.au)**

**Office Use Only**

Field	Details	Initials	Date
Received By:			
Date Received:			
Medical Certificate within 2 weeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Documents Recorded in aXcelerate:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Recorded:			
Recorded By:			
Scanned to Student File:	<input type="checkbox"/> Academic File <input type="checkbox"/> Admin File		
MITP01 Attendance Update Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MITP02 Course Progress Assessment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Intervention Strategy Update:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referred to:	<input type="checkbox"/> Head of Course area <input type="checkbox"/> Student Administration Manager <input type="checkbox"/> Head of Compliance <input type="checkbox"/> Other: _____		

**Processing Notes:**

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**Follow-up Actions Required:**

<input type="checkbox"/>	Update risk classification in course progress monitoring
<input type="checkbox"/>	Schedule intervention meeting
<input type="checkbox"/>	Notify relevant staff
<input type="checkbox"/>	Update student support plan
<input type="checkbox"/>	Other:

<b>Processed By:</b>	
<b>Signature:</b>	
<b>Date:</b>	