**University of Exeter
Student Health Centre/Wellbeing Services/Heavitree GP Practice**

**Mitigation Supporting Evidence Form**

**Section 1: *To be completed by student***

**If you are unwell and feel you need medical attention, please telephone your GP/Health Centre or contact the NHS Helpline on 111**

**Date:** Click here to enter a date.

**Student Name:**

**Student Number:**

**Date of Birth:**

**Contact Telephone Number:**

**Subject/Department:**

**Hub form to be sent to:** Choose an item.

**1a Do you have an** [**Individual Learning Plan**](http://www.exeter.ac.uk/wellbeing/individuallearningplans/)**?**

**1b Reason for Mitigation application and how your assignment/examination has been affected.***(Tick all that apply. You must add further detail in the box below – your application cannot be considered further without this).*

[ ]  Health condition

[ ]  Disability that you do not have an ILP set up for

[ ]  ILP-related health condition/disability

[ ]  Accessing university support for emotional/wellbeing difficulties from Wellbeing Services

[ ]  Other (describe below)

|  |  |
| --- | --- |
| **Please give further detail here:** |  |

**1c. Modules/Assessments affected:**

**1d. Please indicate if you are requesting an extension or deferral?**

Choose an item.

**1e. How much extra-time do you think you will require in order to complete this work if requesting an extension? *(For most programmes, extensions cannot be granted for more than 3 weeks, and at some points of the year and on certain programmes only one week may be allowed):***

Choose an item.

*If longer than 21 days, you will need to consider applying for a deferral instead*

***ONCE YOU HAVE COMPLETED SECTION 1, PLEASE EMAIL THIS FORM TO THE APPROPRIATE HEALTH SERVICE***

**Section 2: *To be completed by Health Professional/Wellbeing Practitioner***(*NB It is not in the role of Wellbeing Practitioners to complete section 2a. Their role is to confirm the presence of the issue identified above)*

**Name of person completing form:**

**Job Title:** Choose an item. **Date of last contact/appointment:**Click here to enter a date.

**2a. Presenting Issue/Diagnosis:** (Including relevant additional information (i.e. declaration of health to university/ILP in place)

**2b. How much extra-time is required to complete the affected assessments due to the current impact of the above issue/diagnosis:**

*(NB The Education Support team will then apply the appropriate mitigation in accordance with policy, this may vary by degree programme/assessment)*

Choose an item.

**2c. Please state any further recommendations (**e.g. individual learning plan, welfare support)

*Signature: Date:*