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

**Mitigation Supporting Evidence Form**

Please note that the above services will only be able to support your mitigation application if you have been in recent contact and consulted with them about your mitigation request.

They are unlikely to be able to support your request retrospectively.

**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 circumstances, extensions cannot be granted for more than 2 weeks, and at some points of the year and on certain programmes only one week may be allowed. If longer is required, you will need to consider applying for a deferral instead):***

Choose an item.

**1f. Please state if you have already used an evidence-free extension (on eBart) for this assessment?**

***ONCE YOU HAVE COMPLETED SECTION 1, PLEASE EMAIL THIS FORM TO THE APPROPRIATE 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 maximum extension is now 2 weeks, and extensions of three weeks should only be supported in exceptional, severe and complex circumstances, and whereby a deferral would not be appropriate)*

Choose an item.

**2c. If the student applies for an additional extension or deferral (further to what has already been supported in 2b) on the above listed assessments (in 1c), would you also support this?:**

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

*Signature: Date:*