



## BayTrust Dillon Scholarship Medical Certificate

This is BayTrust's preferred medical certificate, however if you have a current GP medical certificate that contains the equivalent to the below, that is also acceptable.

Patient Name: (Surname) \_\_\_\_\_ (First Names) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile Ph number \_\_\_\_\_

Address: \_\_\_\_\_

<b>Significant Disability effecting study or learning</b>
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Does the person have a significant disability\* that presents a barrier or limitation to study?  
Yes / No

What is the patient's disability?

\_\_\_\_\_

What are the barriers or limitations to study for the person from the significant disability?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What treatments and/or support is the person receiving to manage or improve their condition?

\_\_\_\_\_

\_\_\_\_\_

### Practitioner Information

Are you or your practice this patient's usual practitioner? Yes / No

Practitioner Type: \_\_\_\_\_

I have discussed the information contained in this form with the person (their guardian, or authorised representative) and they consent to the information being provided to BayTrust for the purpose of applying for the Dillon Scholarship.

Health Practitioner's full name: \_\_\_\_\_

Date certificate completed: \_\_\_\_\_

Practice and address: \_\_\_\_\_

Signature of Practitioner: \_\_\_\_\_

Practitioner Stamp (if applicable):

*\*As per Ministry of Health guidelines "a person with a disability is someone who has been assessed as having a physical, psychiatric, intellectual, sensory, or age related disability (or a combination of these) which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required"*