



Consent Matters training module

Exemption Request Form

Who should complete this form?

IGI acknowledges that the **Consent Matters** module contains information that may be distressing, particularly to people who have experienced or witnessed trauma related to sexual assault. If you believe that undertaking the module would be detrimental to your wellbeing, you can seek an exemption by completing this form.

What evidence is required?

This form does not require you to provide sensitive or health information, however in support of your request you will have to provide confirmation from a professional practitioner that it is not in your best interest to undertake the module. This confirmation can be supplied via this form by a counsellor, a registered psychologist, or a registered medical practitioner with a Medicare provider number. The authenticity of this information will be verified by IGI with the respective professional. IGI is unable to action exemption requests that are unsupported or/and submitted without using this form.

Privacy notice

Information on this form is provided by you voluntarily, with your expressed consent and understanding that it has not been requested by IGI. To allow IGI to make a decision regarding your request, we require that you complete this form and obtain confirmation from a professional practitioner in support of your request. IGI will verify the authenticity of the confirmation with the professional who provided it. Information related to this form will not be shared with other areas of IGI unless it is relevant to the decision process. Where an exemption is granted, your student record will indicate the fact you are exempt from completing this module.

Please be advised that provision of false information on this form may classify as misconduct and will be handled in accordance with the IGI Student/Staff Code of Conduct.

STUDENT/STAFF DECLARATION

- I confirm the accuracy and truthfulness of the information I have provided on this form.
- I have read and acknowledge the privacy notice provided above.
- I understand that IGI will contact the professional below to confirm authenticity of their statement.

Full name: _____

Student number: _____

Staff number (if relevant): _____

IGI email: _____

Signature: _____

Date: _____

This section is to be completed by a professional practitioner, such as: psychologist, counsellor or registered medical practitioner.

Consent Matters is a compulsory online training module that provides information about appropriate behaviour, understanding sexual misconduct and contributing to a safe and respectful campus culture. All IGI commencing students and teaching staff are required to complete the module once during their time at IGI, to ensure they have a shared understanding of healthy relationships and how they can help if they see unacceptable situations.

As part of our commitment to ensure all students and staff at IGI understand matters relating to sexual assault, this exemption request may only be submitted by a student/staff member if their circumstances indicate that undertaking the **Consent Matters** module will cause them distress, for example in a situation where they have experienced or had a connection with an experience of sexual assault.

We only require your confirmation based on your professional opinion as to whether completing the Consent Matters training would NOT be in the best interests of the individual identified below. We request you do NOT provide specific sensitive or health information to us when you complete this form. Your help in confirming the potential impact on the individual in this case is appreciated.

Student/staff name: _____

Date(s) of Consultation: _____

PROFESSIONAL PRACTITIONER DETAILS:

Full Name: _____

Professional Title: _____

Phone no: _____

Address: _____

Registration Number/Medicare Provider Number _____

I confirm that completing the Consent Matters training module is NOT in the best interests of the above-mentioned individual.

I authorise the International Graduate Institute (IGI) to contact me or my office to confirm authenticity of my statement.

Signature: _____

Date: _____

Stamp:

Please submit the completed and signed form to Student Services, in person or by email:
HEstudentservices@igi.edu.au