

SPECIAL CONSIDERATION APPLICATION FORM

Request for special consideration

Students must complete this form if they wish to demonstrate that illness or other significant circumstances have had an adverse effect on their academic performance and/or attendance rate and to seek consideration of their particular circumstances.

Student Name _____ Signature _____

Student ID _____ Class _____ Date _____

Please provide specific details of the circumstances that have caused the disruption to your studies and/or attendance rate:

I am making this application on the grounds of:

Illness

Applications on ground of illness MUST be accompanied by a current signed certificate or statement from a medical practitioner or other appropriate health professional

Other grounds

Applications on other grounds MUST be supported by an appropriate person providing a statement from a doctor, counsellor, health professional, social worker or independent member of the community (e.g. Justice of the Peace or a Minister of Religion) indicating:

1. The date your personal circumstance began or changed
2. How your circumstance affected your ability to study and /or your attendance rate
3. If this will affect you for the short-term or for the duration of your course

Please note that statements made by parents, husbands/wives/partners, close relatives or friends are not considered to be "independent documentation" for these purposes.

I hereby certify that the above information is a true and accurate representation of my circumstances.

I understand that:

- information provided as part of this application will be retained and managed confidentially, and only discussed with appropriate staff of the College on an as needs basis
- for my application to be successful, I must provide clear evidence to substantiate the illness or other significant circumstances that have affected me and the likely adverse effect on my academic performance and/or attendance rate

Your application will be assessed and you will be advised of the outcome and the most appropriate action to be taken considering your circumstances within 10 days of receipt.

Should the application be approved the Manager of Training and Assessment will meet with you to discuss the implementation of a **Performance Management Plan** including specific requirements to assist you to meet the requirements of the course.

NOTE:

- a. If a Performance Management Plan is not in place before the course closes (which is the graduation date for each course) then all work outstanding will be marked as not yet competent the student is issued with a statement of attainment.
- b. All assessment tasks must be submitted within 12 months of the course end date.

OFFICE USE ONLY

Assessed by _____ Position _____

Approved Not Approved Date _____