

APPLICATION FOR SPECIAL CONSIDERATION

Read this application carefully. Complete all sections and ensure that any supporting documents are attached and certified by a Justice of the Peace or equivalent in the approved form. Write in **BLOCK LETTERS** using a blue or black pen. Indicate with "N/A" where questions are not applicable.

Student Contact Information

1. Personal Information			
Student Number:			
Family Name:	Given Name/s:	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. <input type="checkbox"/> Ms.
Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Telephone (H):	Telephone (W):	Mobile:	
Email:			
Course:			

2. Units Applied for Special Consideration (including internal assessment and final examination)	
Unit Code:	Assessment Affected (e.g. assignment, mid-term exam, final exam, etc.)

3. Reasons and Evidence for Applying Special Consideration
Written statement explaining why special consideration is sought:
Attached documentary evidence
<input type="checkbox"/> If your application for special consideration is based on medical reasons, please refer to page 3 and complete Parts A and B .
<input type="checkbox"/> If your application is based on other reasons, please attach relevant documents to support your application.

4. Student Declaration
<i>I have read and understood the assessment submission requirements in relevant unit outline and have read and understood Top Education Institute's Examination Policy. I understand that by signing this form I confirm that all the information provided and all the documents attached are true and accurate.</i>
Applicant Signature:
Date: / /

5. Final Decision by Academic Department

TOP OFFICE USE ONLY

Comments:

Approved Rejected

Staff Member Full Name:	Position:
Staff Signature:	Date: / /

STUDENT MEDICAL CERTIFICATE

This document is used to apply for special consideration on medical grounds for assessments (including examinations) at Top Education Institute (TOP). TOP requires information provided by a medical practitioner or health care provider, which will assist the Institute to decide on granting special consideration for the student's assessment/s.

Part A: Student Details and Authority

Student Name:

Student Number:

I hereby authorise the medical practitioner or health care provider to release the information given on this document and I authorise Top Education Institute to seek further information from the originating source if needed.

Student Signature:

Date: / /

Part B: Medical Practitioner Details and Assessment

I (NAME), a registered medical/ health practitioner, declare that I had a consultation with the above student on/...../..... and determined the student is suffering from

The authorised period during which the student has been/will be affected is from:/...../..... to/...../.....

How many times has the above patient consulted you for professional advice over the past 12 months?

Please indicate the degree to which this student's performance was/will be affected:

None

Mild

Moderate

Severe

The condition has no impact upon their ability to undertake their assessment task.

The condition has caused considerable discomfort to the student, but has not had a severe impact upon their ability to complete the assessment task/attend classes.

The condition has seriously impacted on the student's ability to complete an assessment task at their normal level of competence/attend classes.

The condition has affected the student to such an extent that they are totally unable to undertake the assessment task/attend classes.

I declare that I am not a family member and do not have a close or personal relationship with this student. I declare that I have seen the above student regarding this matter recently and the information I have supplied is true and correct. I authorise Top Education Institute to contact the clinic for verification.

Signature:

Date: / /

Medical Centre:

Contact Number:

Address:

Provider's Stamp

Suburb/Town

State:

Postcode:

Provider Number: