



Australian Government

AFTRS

APPLICATION FOR SPECIAL CONSIDERATION

The Director of Education may approve a special assessment task when a student is unable to complete an original assessment task for medical or compassionate reasons, or in other exceptional circumstances.

Detailed information about how applications are assessed by the approval authority is found through the AFTRS Assessment Policy (available at <http://www.aftrs.edu.au/aboutus/policies/policiesforstudents.aspx>).

You are advised to read this information before submitting an application.

- This application must include the original medical certificate and/or the declaration (as appropriate)
- Forms should be submitted through Student Services or mailed to the Module Authority.
- The medical certificate or declaration may be in another format and need not be completed on the back of this form. However, any document relevant to this application must be securely attached to the form.

Student Identification Number:							
Last Name:		First Name:					
Course Title:							
Module Name:				Module Code:			
Assessment Task:		Semester:		Year:			
Attendance Mode:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Other				
Previous Result:		Amended Result:					

REASON FOR APPLICATION FOR SPECIAL CONSIDERATION					
<input type="checkbox"/>	I was/ will be unable to fulfil the assessment task for medical reasons.				
<input type="checkbox"/>	I was/ will be unable to fulfil the assessment task for other reasons stated in the statutory declaration overleaf.				
Module Code:	Module Name:	Original Assessment Date:	Assessment Task:		New Assessment Due Date:
Head of Discipline notes and approves new dates:			Signature:	Date:	

I declare that the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic. For an application on medical grounds, I confirm that the medical practitioner is not a near relative or close associate of the undersigned. I authorise the AFTRS to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.

Applicant	Signature:	Date:
Approval Authority	Signature:	Date:
Director of Education		

Note/ Comment on ruling			
Supervisor notified	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details posted to Student Management System/on Student File			

MEDICAL CERTIFICATE

If you are attaching the original of a suitable medical certificate you do not need to have this section completed

I, _____ medical practitioner, certify that on the date of:

_____ saw and examined _____

and am of the opinion that he/ she* who states he/ she* **(delete as necessary)*

Was incapacitated for the reasons stated below:

<input type="checkbox"/>	
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On the basis of my diagnosis I certify:

<input type="checkbox"/>	To the existence of valid medical grounds which prevented/will prevent the candidate from completing the assessment task(s) held on #:	
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<input type="checkbox"/>	That the candidate became incapacitated during the assessment task(s) held on #:	
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If on more than one occasion, please state all applicable dates

Please insert any brief statement on the candidate's condition which can appropriately be made to assist consideration of the application.

Declaration: I confirm that the patient is not a near relative or close associate¹ of the undersigned medical practitioner.

Name and address of medical practitioner/ registered nurse (please stamp or print)	Signature:	Date:

¹ Examples of near relatives are partner, child, brother, sister, or parent. Examples of close associates are close friends, neighbours and partners or children of colleagues.

DECLARATION

If you are attaching a declaration you do not need to complete this section

To be completed if there were exceptional circumstances as a result of which you were/ will be unable to complete an assessment task/ wish your performance in the assessment task to be disregarded.

I, _____, Student Number: _____

Of: _____ (address)

Sincerely declare that:

(please continue on separate page if necessary)

And I make this declaration conscientiously, believing the same to be true.	Signature:	Date: