

**SPECIAL CONSIDERATION**

Special Consideration is available to students whose performance in assessment tasks during the semester may be impacted due to unavoidable, compassionate, or compelling circumstances beyond your control. Applications should be made with reference to the **Special Consideration Policy**.

Assessment extension request of *5 working days or less* should submit an 'Extension Request' form to the relevant Unit Tutor/Lecturer.

Deferred Final Exam request should submit a 'Deferred Final Exam Request' form.

**For missed attendance, please email the relevant tutor/lecturer in the first instance.**

**ELIGIBILITY**

For an application to be considered, a student must have maintained satisfactory academic performance and satisfactory attendance/engagement prior to being affected by circumstances beyond your control.

**SUPPORTING DOCUMENTATION**

All applications for Special Consideration must include supporting documents as evidence to support your claim. Students applying for consideration due to medical grounds must have a registered Medical Practitioner complete the attached ACPE medical certificate. Medical certificates will not be accepted.

**SUBMISSION DETAILS**

Applications with supporting documentation must be lodged **no later than 5.00pm 2 working days after the submission date** of the assessment task, either in person to Student Services at the ACPE Campus or online via email to [studentservices@acpe.edu.au](mailto:studentservices@acpe.edu.au)

**OUTCOME**

Once the application has been considered, the student will be notified of the outcome via their ACPE student email address as soon as possible. However, this process may take up to 5 working days. Failure to provide adequate documentation may result in the withdrawal or rejection of the application.

**Personal Details**

Student ID No.						Course Name	
Given Name					Family Name		

**Unit Enrolment Details**

Complete the table below with Unit & Assessment details you are seeking Special Consideration for. *Request codes are below.*

**REQUEST CODES:** DICA = Deferred in-class assessment EXT = Extension (for more than 5 days) DICE = Deferred in-class exam

Unit Code	Unit Name	Assessment Task Name (Essay, presentation, quiz, report, video analysis, mid-sem exam, prac exam)	Due Date of Assessment	Request Code	Office Use. Approval Y/N & Staff Initial
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

**Reason for Special Consideration Application**

Please provide an explanation of the reasons for your request below and tick the applicable box. (Also note the documentation required)

<p>_____</p> <p>_____</p>			
<input checked="" type="checkbox"/>	<b>Serious illness</b> An ACPE Medical Certificate must be completed by a registered Medical Practitioner, with a provider stamp on the certificate that contains their provider number.	<input checked="" type="checkbox"/>	<b>Death or serious illness of immediate family member</b> Please attach a letter from a doctor, funeral director or counsellor, indicating the relationship of the family member to the student.
<input checked="" type="checkbox"/>	<b>Unavoidable commitments</b> Examples include: court dates/jury duty, official religious commitments/observance, military reserve, emergency service. Please attach documentation showing compulsory attendance dates on letterhead from an official authority.	<input checked="" type="checkbox"/>	<b>Substantial change to routine employment</b> Please attach a letter from your employer explaining the change to your work arrangements.
<input checked="" type="checkbox"/>	<b>Selection to represent at International, National or State Level in a sporting or cultural event</b> Please attach supporting documentation from State, National or Cultural organization advising of selection and dates.	<input checked="" type="checkbox"/>	<b>Crisis/Trauma</b> For example, family breakdown, victim of crime/accident, extreme financial hardship. Supporting evidence may include a medical certificate or letter from a counsellor, psychologist, doctor, police or fire officer, depending on the nature of the issue.

**Applicant Declaration**

I declare that the information provided by me on this form including my supporting documentation, is true and accurate.

I acknowledge that disciplinary action may be taken if I knowingly supply false or misleading information.

I am lodging this form no later than 2 working days after the due date of the assessment task(s) listed for Special consideration.

Student Signature		Date	D D / M M / Y Y Y Y
-------------------	--	------	---------------------

**ACPE MEDICAL CERTIFICATE**

THIS FORM IS USED IN CONJUNCTION WITH THE ACPE SPECIAL CONSIDERATION FORM.

Please complete this form in **BLACK INK** using **CAPITAL LETTERS**.  
 Students applying for Special Consideration based on medical grounds **MUST** have a registered Medical Practitioner complete this form.  
 Further information regarding Special Consideration is available at [www.acpe.edu.au/college-policies/](http://www.acpe.edu.au/college-policies/)

**1. Student Personal Details**

Student ID No.	<input type="text"/>	Daytime contact phone number	<input type="text"/>
Given Name	<input type="text"/>	Family Name	<input type="text"/>
Course Name	<input type="text"/>		

**2. Medical Certificate**

**This certificate must be completed by a registered medical/health practitioner and have the practitioner's provider stamp affixed.**

Name of Practitioner	<input type="text"/>			Provider's stamp  MUST BE AFFIXED HERE  <small>If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application.</small>
Provider number	<input type="text"/>			
Practice Address	Street No.& Name	<input type="text"/>		
	Suburb	<input type="text"/>	State <input type="text"/>	
Contact telephone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of attendance at surgery	Date	<input type="text" value="DD / MM / YYYY"/>	Time <input type="text"/>	
I certify that	<b>PATIENT'S NAME</b>			
is unfit for studies from	Date	<input type="text" value="DD / MM / YYYY"/>	Date <input type="text" value="DD / MM / YYYY"/>	

Is the patient's condition severe enough that it prevents them from completing an assignment, class work or exam? YES / NO (Circle one)

My assessment of the patient's condition was based on:  
 (tick the applicable box)

<input checked="" type="checkbox"/> An examination of the patient	<input checked="" type="checkbox"/> Information provided by the patient	<input checked="" type="checkbox"/> I am unable to assess how the illness would affect the patient's capacity to complete coursework.
---	---	---

Please state the nature of the problem/illness/difficulty experienced by the patient over the stated period, within the limits of patient confidentiality.

---



---

Practitioner's Signature	<input type="text"/>	Date	<input type="text" value="DD / MM / YYYY"/>
--------------------------	----------------------	------	---

All sections of the form must be completed. Certificates from Traditional Medical Practitioners or family members will not be accepted.

**Authorisation Section (to be completed by the ACPE Head of Department)**

<input checked="" type="checkbox"/> Documentation approved	<input checked="" type="checkbox"/> Documentation not approved	Further Comments:
<input type="checkbox"/> Satisfactory Attendance/Engagement	<input type="checkbox"/> Satisfactory progress to date	
<input type="checkbox"/> Special Consideration Approved	Staff Signature	<input type="text"/>
		Date <input type="text"/>