SPECIAL CONSIDERATION APPLICATION

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.
Complete this form, sign, and date the declaration below, and upload this form to MyACPEportal (Choose Academic Support)

OUTCOME

Once the application has been assessed, the student will receive notification of the outcome via their ACPE email account. 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
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ No
					○ Yes ○ 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)

√	**Serious illness** An ACPE Medical Certificate must be completed by a registered Medical Practitioner, with a provider stamp on the certificate that contains their provider number.	√	**Death or serious illness of immediate family member** Please attach a letter from a doctor, funeral director or counsellor, indicating the relationship of the family member to the student.
√	**Unavoidable commitments** 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.	√	**Substantial change to routine employment** Please attach a letter from your employer explaining the change to your work arrangements.
√	**Selection to represent at International, National or State Level in a sporting or cultural event** Please attach supporting documentation from State, National or Cultural organization advising of selection and dates.	√	**Crisis/Trauma** 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

SPECIAL CONSIDERATION APPLICATION

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/

1. Student Personal Details

Student ID No.		Daytime contact phone number	
Given Name		Family Name	
Course Name			

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				Provider's stamp MUST BE AFFIXED HERE If stamp is not available, a signed declaration of provider number on practitioner's letterhead is to be attached to this application.
Provider number				
Practice Address	Street No.& Name			
	Suburb		State	
Contact telephone no.				
Date of attendance at surgery	Date	D D/ M M/ Y Y Y Y	Time	
I certify that is unfit for studies from	PATIENT'S NAME			
	Date	D D / M M / Y Y Y Y	Date	D D / M M / Y Y Y Y

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) √

√	An examination of the patient	√	Information provided by the patient	√	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		Date	D D / M M / Y Y Y Y

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)

√	Documentation approved	√	Documentation not approved	Further Comments:		
Y /N	Satisfactory Attendance/Engagement	Y /N	Satisfactory progress to date			
Y /N	Special Consideration Approved		Staff Signature		Date	