

SPECIAL CONSIDERATION APPLICATION FORM



Refer to Special Consideration Policy for full details

ACPE applies special consideration to students whose performance in assessment tasks during the semester has been affected by unavoidable compassionate or compelling circumstances, which are defined as generally those beyond the control of the student and which have had a **substantial** impact upon the student's course progress or well-being e.g. serious illness or injury.

Instructions

1. This application must be completed by the student seeking special consideration.
2. If applying for medical reasons **the Professional Authority on the reverse side must be completed by a NSW registered Medical Practitioner on or before the date of the assessment task or mid-semester examination.** A valid medical certificate must also be submitted.
3. Submissions may be made prior to the scheduled assessment task and **no later than 2 working days** after the scheduled assessment task.
4. Application form and supporting documentation should be submitted to ACPE Student Services at 10 Parkview Drive, Sydney Olympic Park, or emailed to studentservices@acpe.edu.au
5. For an application to be considered, a student must have maintained satisfactory academic performance and satisfactory attendance/engagement, prior to being affected by compassionate or compelling circumstances.

*NB. In such cases where a student is applying for deferred exam for a **final examination**, please refer to the Examinations Policy and complete a [Request for a Deferred Final Examination Form](#) (ACPE website).*

Step 1: Student Details	
Student Full Name	
Student ID Number	Daytime Contact Number
ACPE Student Email	
Course	Semester, Year, Online/Attending
Head of Department	

Step 2: Nature of Consideration Request (please tick)
<input type="checkbox"/> Medical Reasons <input type="checkbox"/> Family / personal reasons (compassionate grounds) <input type="checkbox"/> Natural Disasters

Step 3: Period for which Special Consideration is sought
From: ___/___/20___ To: ___/___/20___

Step 4: Subject(s) & request for which Special Consideration is sought				
Subject Code	Subject Name	Assessment Type	Due Date	Request
		<input type="checkbox"/> Written assignment <input type="checkbox"/> Test/quiz/mid-sem exam <input type="checkbox"/> Presentation		<input type="checkbox"/> Extension <input type="checkbox"/> Deferred quiz/mid-sem <input type="checkbox"/> Waiving of attendance <input type="checkbox"/> Other:
		<input type="checkbox"/> Written assignment <input type="checkbox"/> Test/quiz/mid-sem exam <input type="checkbox"/> Presentation		<input type="checkbox"/> Extension <input type="checkbox"/> Deferred quiz/mid-sem <input type="checkbox"/> Waiving of attendance <input type="checkbox"/> Other:
		<input type="checkbox"/> Written assignment <input type="checkbox"/> Test/quiz/mid-sem exam <input type="checkbox"/> Presentation		<input type="checkbox"/> Extension <input type="checkbox"/> Deferred quiz/mid-sem <input type="checkbox"/> Waiving of attendance <input type="checkbox"/> Other:
		<input type="checkbox"/> Written assignment <input type="checkbox"/> Test/quiz/mid-sem exam <input type="checkbox"/> Presentation		<input type="checkbox"/> Extension <input type="checkbox"/> Deferred quiz/mid-sem <input type="checkbox"/> Waiving of attendance <input type="checkbox"/> Other:

Step 5: ACPE Elite Athlete and Coach Status
Are you an elite athlete or coach currently in the ACPE EACP program? Y N Are you applying for special consideration due to sporting commitments? Y N Provide some more details _____ _____ _____ Please ensure you attach a letter to this application from the sporting organisation outlining relevant information, e.g. date(s) effected

PROFESSIONAL AUTHORITY

Provision of Evidence

All fields should be filled out by a NSW registered medical practitioner or for non-medical reasons a relevant professional (i.e. Legal)

Please note: certificates from Traditional Medical Practitioners or family members will not be accepted.

Medical certificates will not be accepted without a signed Professional Authority form.

NB. A statement that the student was not fit for duty or was suffering from a medical condition will not be accepted.

Date of Consultation

Duration of Condition

Severity of Condition

I have read ACPE's definition of compassionate or compelling circumstances on page 1, and confirm that the impact of the student's condition is **serious and would adversely affect** their ability to perform the required assessment.

Name of Health Professional: _____

Signature of Health Professional: _____

Provider or Registration Number: _____ Contact number: _____

Stamp of Professional Authority/ Practice

Professional's Comments

Step 6: Additional Documentation

- Medical Certificate
- Police/Emergency Services report
- Statutory Declaration
- Letter from Sporting Organisation

Step 7: Student Declaration

- I have read and understand the ACPE Special Consideration Policy
- I understand that I will be contacted via my student email with the outcome of my application
- All the information I have included in this form is true
- I have attached all relevant supporting documentation
- The Professional Authority is correctly completed (if applicable)
- I understand that ACPE reserves the right to verify the authenticity on the Professional Authority form

Student Signature: _____ Date: _____

Office Use Only

Satisfactory engagement / attendance	Y	N	Satisfactory progress to date	Y	N
Conditional Status	Y	N	Assessor	_____	

Outcome of application

- Approved - action to be taken: _____

- Rejected – reason: _____

Assessed by: _____ Signature: _____ Date: _____

PRIVACY STATEMENT: The information you provide on this form is bound by the ACPE "Privacy of Personal Information Relating to Students" Policy. This information is collected and held by the ACPE for administrative purposes and activities associated with your enrolment. The ACPE will not disclose your personal information without your consent and without due cause, except as required by law, Government regulations or for the normal operational activities of the College.