

### 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**. NB. Students requesting an assessment extension of *5 days or less* should contact their Lecturer in the first instance.

Requests for a deferred Final Exam should be made via a 'Deferred Exam Request' form.

### ELIGIBILITY

You can apply for Special Consideration when circumstances beyond your control impact adversely on your performance to complete an assessment task on time. 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 or absence from class, 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.						Phone number									
Given Name					Family Name										
Course Name						Semester (1, 2, Summer)		Year	20__ __						
Head of Dept. (Tick one)	<input type="checkbox"/> Diane Grant (Education & Dance)		<input type="checkbox"/> Duncan Greig (Sports Performance)			<input type="checkbox"/> Mikah van Gogh (Health Science)			<input type="checkbox"/> Dr Tilda Khoshaba (Sports Business)						

### Unit Enrolment Details

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

**Request codes:** EXT = Extension    DMS = Deferred mid-sem exam    DQ = Deferred quiz    DICA = Deferred in-class assessment    WA = Waive attendance

Unit Code	Request Code	Assessment Due Date	Title of Assessment eg. essay, presentation, quiz, report, exam.	Office Use. Approval?	HoD Signature plus Instructions or Comments if applicable.
				<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 Application

Evidence must be provided to demonstrate the severity of the event that has impacted your performance in the above-mentioned assessment tasks. Tick the applicable box and attach the recommended documentation.

<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: jury duty, court appearance, military reserve, emergency service. Please attach documentation showing compulsory attendance dates.	<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. There must be evidence to demonstrate the severity of the circumstance.

Additional Comments:

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### Applicant Declaration

I declare that the information provided by me on this form including my supporting documentation, is true and accurate to the best of my knowledge. 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	DD / MM / YYYY
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### 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. 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	PATIENT'S NAME														
is unfit for studies from	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)

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

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Practitioner's Signature											Date	D D / M M / Y Y Y Y			
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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 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		Date		



# ACPE

## SPECIAL CONSIDERATION APPLICATION