



Application for **SPECIAL CONSIDERATION** due to serious illness or misadventure

THIS FORM SHOULD BE SUBMITTED TO THE RELEVANT FACULTY OFFICE AS SOON AS PRACTICABLE AND CERTAINLY WITHIN FIVE WORKING DAYS FROM THE END OF THE PERIOD FOR WHICH CONSIDERATION IS SOUGHT.

SID

Period for which special consideration is sought

□□□□□□□□

from □□-□□-□□ to □□-□□-□□
day month year day month year

Surname: _____ Other name(s): _____
BLOCK LETTERS

Address: _____ Postcode _____

Telephone: _____ University Email: _____

Degree: _____ Year:(1,2,3,etc) _____ Date of Birth: ____/____/____

Indicate work for which special consideration is requested, including relevant due dates.

Units of study	Exam, Essay, Practical, Tutorial, Other	Lecturer/Tutor	Due date

Did you sit the exam/s? Yes No

Is this application in respect of groupwork? Yes No

Please state briefly the reason for your application in your own words

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Special consideration application received

Signed _____ Signed _____
(Faculty office) (Student)

Date ____/____/____



Guidelines for the Completion of an Application for Special Consideration due to Serious Illness, Injury or Misadventure

The University's assessment practices are designed to ensure that conditions are fair to all students, as consistent as possible and that individual students are not disadvantaged by adverse personal circumstances beyond their control or by the activities of other students.

Generally, serious illness, injury or misadventure will be taken into account when considering a student's academic performance in a course or units of study. There is, however, a clear distinction between longstanding illness or difficulties which prevent students from attending classes or completing required work or which seriously interfere with their capacity to study for long periods and short-term serious illness, injury or misadventure that may prevent a well-prepared student from sitting for an examination or completing a particular assignment.

The information you supply on this document is needed by the University so that it can deal with your application for special consideration. This document, and any associated records, will be retained by the relevant faculty. The records will only be available to those staff who need access to it in order to carry out their duties. All records will be destroyed in a secure manner at the appropriate time. Any request to access and/or correct the information should be addressed to the faculty office, in the first instance.

To apply for special consideration due to serious illness, injury or misadventure

1. Obtain a special consideration form from the relevant faculty office, faculty website or the Student Centre
2. Complete this special consideration application form
 - For consideration due to serious illness, injury or misadventure have a registered health practitioner or counsellor complete the Professional Practitioners Certificate. Note that there are two important constraints on their ability to issue the PPC:
 - a. The PPC can be issued only for illnesses, injury or misadventure that lie within the scope of practice of the practitioner;
 - b. The PPC should only be issued in respect of an illness, injury or misadventure observed by the health practitioner or counsellor or reported by the patient and deemed to be true by the health practitioner or counsellor.
 - For all other situations, please complete a Statutory Declaration and attach any appropriate documentation.
3. Lodge this form with the relevant faculty office
4. Applications must be received within one week from the end of the period (i.e. assignment due date or date of examination) for which consideration is sought
5. Students must retain their receipt (at the bottom of the form) that will be given upon lodgement of this form with the relevant faculty office
6. Students will be notified of the academic judgement concerning their special consideration application.



Professional Practitioner Certificate

To be completed by a registered health practitioner or counsellor for student whose work during a teaching period or whose academic performance in an assessment item or items, including examinations, has been affected by serious illness or misadventure. The person completing the form should refer to the University's policy (see extract on the rear of this form regarding underlined restrictions).

Special Consideration applications must be supported by documentary evidence from an appropriate professional authority (a registered medical practitioner, or counsellor). Certificates signed by family members are not acceptable. Your help providing information about the student's illness or misadventure is appreciated. This information will help the University make a fair and informed assessment about the student's academic performance. The information you provide on this form will be used solely to assess this application.

PROFESSIONAL PRACTITIONER CERTIFICATE

SID: _____ STUDENT NAME: _____

Date/s of consultation: _____

Please indicate your evaluation of the severity, duration and effect on the student's ability to attend classes, learn, retain and/or complete assessment requirements:

Specify period/duration

Severity (please tick appropriate boxes)	√	from	to
Totally unable to study			
Very severely affected			
Severely affected			
Moderately affected			
Slightly affected			
Unable to assess			

Plain English description of: restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements: a medical diagnosis is not required)

OTHER (please specify and attach documentation/evidence)

Name _____

Address _____

Phone Number _____ Provider Number _____ Stamp _____

I authorise the University to contact me or my office to confirm authenticity of this document.

Signature: _____ Date: _____/_____/_____

Extract from the Academic Board Resolutions: Assessment and Examination of Coursework

Part 5 – Special Consideration Due to Serious Illness, Injury and Misadventure.

5.5.2.2 An application for Special Consideration must:

5.5.2.2.1 use the specified form;

- 5.5.2.2.2 a) clearly set out the basis for the claim on the specified form;
- b) be supported by a Professional Practitioner Certificate completed by a registered health practitioner or counsellor within the scope of their practice, who is not a family member. The Professional Practitioner Certificate includes:
- date of consultation;
 - an evaluation by the practitioner, psychologist etc. as to the severity, duration and effect on the student's ability to attend classes, learn or complete assessment requirements;
 - the date the Certificate was written and signed;

The Certificate should only be issued in respect of an illness, injury or misadventure observed by the health practitioner or counsellor or reported by the patient and deemed to be true by the health practitioner or counsellor.

- c) where a certificate as in b) above is not appropriate, the application should be supported by a Statutory Declaration, and where possible accompanied by other appropriate supporting documents.



Academic Judgement regarding application for special consideration due to serious illness or misadventure

This form should be completed by two or more academic staff members within the relevant faculty who act as assessors of the special consideration application.

Name of Student: _____

SID: _____

Assessment(s) for which special consideration is sought

Academic Judgement (indicate reasons for the academic judgement)

Name _____

Name _____

Signed _____
(First Assessor)

Signed _____
(Second Assessor)

Date ___ / ___ / ___

This Document is to be retained for a minimum period of 12 months from the end of the relevant semester.

For Office Use

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1. Date special consideration received: ___/___/___
2. Date Academic Judgement received: ___/___/___
3. Date Student notified of Academic Judgement: ___/___/___