



## **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 judgment concerning their special consideration application.



Application for **SPECIAL CONSIDERATION** due to serious illness, injury 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 □□- □□- 20□□ to □□- □□ -20□□  
*day month year day month year*

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_  
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 \_\_\_/\_\_\_/\_\_\_



### Professional Practitioner Certificate

To be completed by a registered health practitioner or counsellor for a 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, injury 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 health practitioner or counsellor). Certificates signed by family members are not acceptable. Your help in 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) | <input checked="" type="checkbox"/> | 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 Judgment (indicate reasons for the academic judgment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Judgment received: \_\_\_/\_\_\_/\_\_\_
3. Date Student notified of Academic Judgment: \_\_\_/\_\_\_/\_\_\_