Guidelines for the Completion of an Application for Special Consideration

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 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 or misadventure that may prevent a well-prepared student from sitting for an examination or completing a particular assignment. This policy deals with short-term illness; long-term illness should lead to the student withdrawing from the unit or units of study affected or suspending candidature as appropriate.

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 relevant faculty office, in the first instance.

To apply for special consideration

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 have a registered medical practitioner or counsellor complete the Professional Practitioners Certificate
   - For consideration due to misadventure attach the appropriate documentation.

2. Lodge this form with the relevant faculty office

3. Applications must be received no less than one week from the end of the period for which consideration is sought

4. Students must retain their receipt (at the bottom of this page) that will be given upon lodgement of this form with the relevant faculty office

5. Students will be notified of the academic judgment concerning their special consideration application.
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 ONE WEEK FROM THE END OF THE PERIOD FOR WHICH CONSIDERATION IS SOUGHT.

SID Period for which special consideration is sought

Surname: Other names:______________________________

Address:__________________________________________ Postcode_________________

Telephone:__________________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 Due date

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

Special consideration application received

Signed____________________________ Signed__________________________

(Faculty office) (Student)

Date______/_________/_____

Special Consideration Application Form – approved by the Academic Board 13/08/2003
Professional Practitioner Certificate

To be completed by a registered medical 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).

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:

<table>
<thead>
<tr>
<th>Specify period/duration</th>
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<tbody>
<tr>
<td>Severity (please tick appropriate boxes)</td>
</tr>
<tr>
<td>Totally unable to study</td>
</tr>
<tr>
<td>Very severely affected</td>
</tr>
<tr>
<td>Severely affected</td>
</tr>
<tr>
<td>Moderately affected</td>
</tr>
<tr>
<td>Slightly affected</td>
</tr>
<tr>
<td>Unable to assess</td>
</tr>
</tbody>
</table>

Plain English description of: nature of illness, symptoms, restrictions on capacity or functionality in their studies and other relevant information (attach additional report or documentation if necessary, bearing in mind privacy requirements)

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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:_______/_______/_______