

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 or in the final examination has been affected by unavoidable compassionate /compelling circumstances.

Instructions

1. This application must be completed by the student seeking special consideration (one application form for each subject affected).
2. **The Professional Authority Form on the reverse side must be completed by a NSW registered Medical Practitioner on or before the date of the assessment task or examination.**
3. Submissions may be made prior to the scheduled assessment task and **no later than 2 working days** after the scheduled assessment task.
4. For all mid semester assessment tasks an appointment must be made to see a Subject Coordinator.
5. For a final examination / final assessment 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. In such cases the student is required to complete a **Request for a Deferred Final Examination** and provide a Professional Authority Form completed by a registered medical practitioner if the deferral is for medical reasons.

Compassionate or compelling circumstances 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.

Step 1: Student Details		
Student Full Name:	Student ID No:	
Daytime Contact No:	ACPE Student Email:	
Degree:	Intake (Sem1/Sem2/Online Month):	Year:

Step 2: Period for which Special Consideration is sought	
From: ___/___/20___	To: ___/___/20___

Step 3: Subject for which Special Consideration is sought				
Subject Name:	Subject Code:	Assessment Type (tick)	Assessment Date	Attempted
		Assignment <input type="checkbox"/>		Yes <input type="checkbox"/>
		Test/Quiz/Midterm <input type="checkbox"/>		
Subject Coordinator Name:		Final Examination <input type="checkbox"/>		No <input type="checkbox"/>
		Other <input type="checkbox"/>		

Step 4: Nature of Consideration Request (tick)			
Extension of Submission Date for Assessment Task	<input type="checkbox"/>	Request for waiving of attendance requirements (units with compulsory attendance requirements)	<input type="checkbox"/>
Request for deferred examination	<input type="checkbox"/>	Other (specify reason for special consideration below)	<input type="checkbox"/>
Other (details):			

I understand that ACPE reserves the right to verify the authenticity on the Professional Authority Form.

Student Signature: _____ Date: _____

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED SUPPORTING EVIDENCE AND PROFESSIONAL AUTHORITY FORM COMPLETED BY REGISTERED MEDICAL PRACTITIONER.

This form may be lodged in person at Reception, 10 Parkview Drive, Sydney Olympic Park

Professional Authority Form

Step 5: 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.*

Date of Consultation

Duration of Condition

Please tick the appropriate category:

Student is seeking an extension of time for an assessment task	<input type="checkbox"/>
The student has not missed an assessment task, however an incident has occurred which has/will seriously affect their studies	<input type="checkbox"/>
Student missed/will miss an assessment task/final examination	<input type="checkbox"/>

Professional's Comments

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 task and/or formal examination.

Signature of Health Professional: _____

Name of Health Professional: _____

Provider or Registration Number: _____

Contact number: _____

**Stamp of Professional Authority/
Practice**

Step 6: Additional Documentation

Medical Certificate Other (please indicate)

The student will be notified of the outcome of the

Office Use Only:					
Satisfactory Engagement / Attendance / Progress to date?	Y	N	Cond 2 or Cond 3 enrolment?	Y	N
Approved	Y	N	Reason for rejection:		
Approved Action to be taken:					

application via student email.

Assessed by: _____ **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.