

Special Consideration Application Form



Send the completed Form to:
Student Services Office
info@aiat.edu.au OR
AIAT, Level 9, 50 Grenfell Street
Adelaide, 5000 South Australia

This form is to be completed by students wishing to apply for an extension to an assessment or exam due to unexpected or extenuating circumstances. Unexpected or extenuating circumstances are those which were outside the control of the student and/or for which there was no opportunity to prepare in advance. An application for special consideration is made in advance of an assessment wherever possible, but normally within five working days after the assessment date. You must provide evidence of compassionate or compelling circumstances. Compassionate and compelling circumstances are personal circumstances that are involuntary and outside your control, for example, medical, family, wellbeing, or enrolment circumstances, and present you with limited or no choice. You must also provide supporting evidence with your application (e.g., a medical certificate).

The table below provides examples of circumstances which may be eligible for special consideration. Approval is not limited to the examples below, provided acceptable supporting documentation is provided.

Type of Circumstance	Supporting Documentation
<p>Medical circumstances, for example</p> <ul style="list-style-type: none"> • An unexpected illness • A re-occurrence of a chronic illness • An accident-causing injury <p><i>Please note that a disability or illness for which an approved Support Plan exists will not be accepted unless the disability has been compounded by an unexpected change or an additional condition.</i></p>	<p>Supporting documents may take the form of:</p> <ul style="list-style-type: none"> • Medical certificate
<p>Compassionate circumstances, hardship or trauma including:</p> <ul style="list-style-type: none"> • a death or serious illness/injury of a close family member • a severe disruption to domestic arrangements • being a victim of crime 	<p>Supporting documents may take the form of:</p> <ul style="list-style-type: none"> • a certificate or letter from a relevant health care professional who is qualified to assess and support the • application • a police report where relevant • a death or funeral notice
<p>Other unexpected or exceptional circumstances, for example:</p> <ul style="list-style-type: none"> • religious observance • ATSI cultural practices 	<p>Supporting documents may take the form of:</p> <ul style="list-style-type: none"> • a letter from a religious leader or formal documentation demonstrating religious affiliation • in the case of ATSI cultural practices, a document from an independent person, e.g., death

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<ul style="list-style-type: none"> • community service, for example, jury duty, an unforeseen call to the Australian Defence Force or state emergency services • a summons to appear in court a vehicle accident that occurred on the day of the examination or deadline for submission of the final assessment • employment related circumstances such as a move interstate at short notice • outage of the AIAT's LMS 	<p>certificate (if culturally appropriate) or letter from a senior community Elder</p> <ul style="list-style-type: none"> • a certified call to Australian Defence Force service • a description of the emergency attended for state emergency services, including the date • a court summons • a copy of a police accident report • a letter confirming changed employment circumstances • a copy of the email confirming the IT Manager was aware of the LMS outage
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PLEASE PRINT CLEARLY.

YOUR DETAILS			
Full Name			
Student ID number			
Course			
Date of Birth		Gender	
Address including street number and name, suburb or town, postcode, and country			
Postal address (if different)			
Phone number			
Email address			

REASON FOR APPLICATION
Please briefly describe the reason for your application.

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SUPPORTING DOCUMENTS	
<p>To support your application, you must provide (and attach) supporting documentation which includes:</p> <ul style="list-style-type: none">• The date your circumstances began• How your circumstances affected your ability to complete your assessment/examination <p>Please indicate the type of supporting documentation you have attached to this application.</p>	
<p><input type="checkbox"/> Medical Certificate</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> Counsellor/Psychologist evaluation</p> <p><input type="checkbox"/> Letter from Employer on company letterhead</p> <p><input type="checkbox"/> Court or Legal documentation</p> <p><input type="checkbox"/> Other (please specify) _____</p>	

ASSESSMENT/EXAM DETAILS	
Subject Code:	Subject Name:
Assessment task/Exam details:	
Due date:	
Name of lecturer/tutor:	

STUDENT DECLARATION	
<p><input type="checkbox"/> I declare that to the best of my knowledge, the information I have supplied on this form is true and correct.</p> <p><input type="checkbox"/> I have read and understood the relevant Assessment Policy and Procedure.</p>	
Full Name	
Signature	
Date	

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OUTCOME	
Approved/Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Extension Submission Date	
Details of Conditions	
Name of staff member	
Position	
Signature	
Date	

FORM RECEIVED BY CAMPUS MANAGER / DELEGATE	[DATE]
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