

## **GEN05 – Special Consideration in Assessment Application**

This form should be used to submit a request for special consideration with regards to a completed or upcoming examination or other assessment, as outlined in the RACDS <u>Special Consideration in Assessment Policy</u>, available on the College website. Please refer to the policy before submitting an application to confirm you have valid grounds for your request.

First Name			RACDS ID			
Last Name			(if known)			
Other Names			Date of Birth (dd/mm/yy)			
Email						
Section 1 – Personal Details						
If your details have changed please fill in below						
Phone	М	н	W			
Mailing Address						
Principle Work Address						
Section 2 – Application Area						
Please select all t		• •				
Examination — (Please specify subject)						
Date/s:						
Other Assessment — (Please specify subject)						
Due Date:						
Section 3 – Ground	S					
Please select all t	hat ap	ply				
Medical						
Compassionate						
☐ Disability						
Religious						
Section 4 – Attachments						
Letter outlining your circumstances and your specific request (e.g. examination arrangements, extension of time, consideration of results etc.)						
Supporting documentation for your circumstances*						
* See the Special Consideration in Assessment Policy for examples of appropriate supporting documentation in different categories						

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Section 6 – Declaration					
<ul> <li>I hereby apply for consideration of special circumstances in assessment and declare that:</li> <li>The information and attachments provided are true statements</li> <li>The application meets the timeframes specified in the <u>Special Consideration in Assessment Policy</u></li> </ul>					
Signature <sub>.</sub>	(Unsigned applications will not be processed)	Date			

This form should be submitted to the Director of Education					
Post	RACDS Level 13 37 York Street Sydney NSW 2000 Australia	Email	info@racds.org		
Applications close:	See the Special Consideration in Assessment Policy				

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