

Please print in BLOCK LETTERS

Complete this form if you wish to apply for special consideration in connection with assessment due to unforeseeable adverse circumstances that have impacted negatively on your ability to demonstrate the learning outcomes of the unit of study.

This form must be lodged no later than 10 working days of the due date or completion date of the assessment concerned or by the date agreed with the applicable Unit Coordinator.

Unforeseeable adverse circumstances in connection with assessment:

1. are beyond the student's control (i.e. unforeseen, unavoidable or prior guarded against);
2. have emerged or occurred after the Census date of the enrolled unit(s) of the applicable assessment(s);
3. are sufficiently serious or of a serious nature or duration to have unforeseeably caused substantial disruption to the students capacity to:
 - i. study effectively or undertake or fulfil assessment requirements and have adversely impacted the student's ability to demonstrate their learning achievements, and/or
 - ii. progress through their course

Unforeseeable adverse circumstances include, but are not limited to:

1. medical circumstances such as serious illness and/or a severe psychological condition
2. loss or bereavement such as the death or a close family member
3. distress caused by family or relationship breakdown and severe disruption to domestic arrangements
4. hardship such as that brought about by a sudden loss of employment
5. trauma such as being victim of crime
6. extraordinary commitments such as where a student,
 - i. is a member of the armed forces involved in active duty
 - ii. is required for active service, for example in the Army Reserve, Rural Bushfire Service or State Emergency Service
 - iii. is selected in state, national or international level team for sports or other representative events and involved in related intensive preparation or performance
 - iv. is required to actively serve on a jury or subpoenaed as a defendant or plaintiff in a court, tribunal or other hearing for an extended period of time during their studies.

Please ensure that you have read the Special Consideration in Assessment Policy and Procedure before completing this application form.

Approval for special consideration is not automatic on lodgement of this form. Applications not supported by documentary evidence will not be considered.

1. Personal details

Student number:
Full name:
Contact number:
Email:
Course:
Campus: <input type="checkbox"/> Sydney <input type="checkbox"/> Brisbane <input type="checkbox"/> Melbourne <input type="checkbox"/> Adelaide <input type="checkbox"/> Perth <input type="checkbox"/> Online
Are you an International Student Visa Holder?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered with AccessAbility?: <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Details of application

Course:
Trimester and Year applying for:

Unit Code	Unit Name	Assignment Number	Original Due Date	Revised Due Date (if approved for extension)

3. Details of the special consideration

Please briefly provide the reason for your application:

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4. Supporting documentation

I have attached the following documentation as evidence to support my claim for special consideration:

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

5. Declaration and Signature

By signing this form:

- I declare that the information I have provided on this application is correct. I understand that if I make any false or misleading statements I may be liable for disciplinary action.
- I have read and understood the Special Consideration in Assessment Policy and Procedure.
- It is my responsibility to provide the College with sufficient documentation to support this application.
- It is my responsibility to retain a copy of the completed application and any supporting documentation submitted to the College as the application and attached documents will not be returned.

Applicant's signature:

Date (DD/MM/YYYY):

Privacy Information: I give my consent to receive marketing information as requested as well as further information from the Australian College of Applied Psychology (ACAP), additionally I give my consent to the collection, processing and use of my data, including the transfer of my data within the Navitas Ltd group and with third parties listed below, as described in detail in the privacy policy (www.navitas.com/privacy_policy), for marketing purposes, and for servicing enquiries about Navitas Ltd products and services. By providing my email address and/or telephone number I agree to receive information via email, SMS and may be called to discuss my interest in a course or in the case of any queries. I acknowledge that my information may be stored by Navitas Ltd for up to 5 years, after which it will be securely disposed.

To view third parties go to www.acap.edu.au/terms-and-conditions.

This form may be lodged in person at Student Administration or can be sent to your relevant Unit/Course Coordinator. Please refer to the Key Contacts page for contact details.

OFFICE USE ONLY

Date Received:

Date Assessed:

Date Forwarded to Committee:

Outcome:

Outcome Attachments: