



# **Application for Special Consideration Form**

## **GUIDELINES**

- This application should only be used for either extensions to assessments longer than 1 week, reasonable adjustments to assessments or for withdrawals or deferrals past Census. Due to extenuating circumstances.
- Before completing this form it is important you read and understand the HETI Special Consideration Policy.
- Please note: Submitting an application does not mean that Special Consideration will be granted.
- You will be notified by email of the outcome of your application by the Education Support team.

# **DOCUMENTARY EVIDENCE**

Appropriate documentation is required to verify claims made in any Special Consideration application:

- For Illness or injury including psychological trauma please provide a current doctors certificate with requested timeframe
- For **causes other than illness**, (e.g. road accident, court hearing or death of a relative) written evidence (e.g. a police report, a court summons, or a death certificate) is acceptable.
- Documentation relating to serious misadventure or extenuating circumstances should provide evidence to support the claim and indicate the severity and/or gravity of the circumstances, and the extent of the impact on the study
- For Financial Hardship Please provide a Statutory declaration with any supporting financial documentation
- For other special arrangements (for example, Employment, armed forces and emergency service duties, legal commitment or religious beliefs) Please provide an official letter of requirement. This should be written on an official letterhead and needs to include:
  - 1. vour full name
  - 2. the details of your unexpected commitments
  - 3. the impact on your ability to study
  - 4. a physical signature and phone number of an appropriate representative
  - 5. The date the statement was created.
- You may be required to supply originals of these documents at any time during your studies at HETI Higher Education
- These documents need to include the period of time in which you have been impacted, for example the start and end
  date of your illness, injury or misadventure.
- For more information please see the Special Consideration policy

## SECTION 1: STUDENT DETAILS

SECTION 1: STUDENT DETAILS									
Title	Surname								
Given Names	Given Names			Student Number					
Home Phone	Mobile								
Email									
SECTION 2: UNIT(S) APPLYING FOR SPECIAL CONSIDERATION									
Framework:	☐ Applied Mental Health Studies			☐ Psychiatric Medicine					
Application of Special Consideration for:									
☐ Assessment Extension (Over 1 week)		□ Deferral	☐ Witho	drawal	☐ Other (Please state in description below)				
Reason for Request									
<ul> <li>☐ Misadventure</li> <li>☐ Illness or injury including psychological trauma</li> <li>☐ causes other than illness</li> <li>☐ other special arrangements</li> </ul>									
Please supply additional documentations separately									

Special Consideration Form v3.0





# **Application for Special Consideration Form**

Assessment task adjustment Fill table below (If required)								
HETI Unit Code	HETI Unit Name	Assessment Title	Assessment Due Date	Extension Period				
SECTION 3: DECLARATION								
□ I have submitted the necessary certified documentary evidence in support of my claim.								
□ I acknowledge that submitted documents will not be returned to me.								
□ I authorise Health Education and Training Institute Higher Education to obtain verification of any statements or documents included as part of this application.								
☐ I hereby certify that the information provided in this application is true and correct								
Signature		Date						
OFFICE USE ONLY (ESO)								
		Date forwarded onto Unit Coordinator:						
Date Application Re		Date forwarded of	onto Unit Coordinator:					
		Date forwarded o	onto Unit Coordinator:					
OFFICE USE ONL	eceived:		onto Unit Coordinator:					
OFFICE USE ONL	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:							
OFFICE USE ONL  Relevant Supporting  SECTION 4: OUTC  Approved	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:  OME  Denied	□ Yes	□ No					
OFFICE USE ONL  Relevant Supporting  SECTION 4: OUTC  Approved	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:	□ Yes	□ No					
OFFICE USE ONL  Relevant Supporting  SECTION 4: OUTC  Approved	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:  OME  Denied	□ Yes	□ No					
OFFICE USE ONL  Relevant Supporting  SECTION 4: OUTC  Approved	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:  OME  Denied	□ Yes	□ No					
OFFICE USE ONL  Relevant Supporting  SECTION 4: OUTC  Approved	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:  OME  Denied	□ Yes	□ No					
OFFICE USE ONL  Relevant Supporting  SECTION 4: OUTC  Approved	eceived:  Y (UNIT COORDINATOR)  g Documentary evidence submitted:  OME  Denied	□ Yes	□ No					