

ELICOS ONLY

Application for SPECIAL CONSIDERATION IN ASSESSMENT

INSTRUCTIONS: Please read carefully before completing this application. Make sure you fill in all required details, or the application cannot be assessed.

To be eligible for Special Consideration (which includes Special Examination) a student must meet one of the following criteria and attach documentary evidence (e.g. Medical Impact Statement):

- at any time during the academic teaching period, a student's study has been affected by illness or other extraordinary cause to a significant degree; or
- a student has been affected, to a significant degree, by illness or other extraordinary cause and is prevented from preparing or presenting for all or part of assessment such as assignments and examinations.

This application must be lodged at TD Reception to the attention of **EAP Coordinator or the GE Coordinator** no later than 5pm on the second working day after the submission date for a piece of assessment or the date of the exam for which Special Consideration is claimed.

The application will be considered on the basis of the evidence presented to support the case, provided that:

- the completed and signed application form is lodged no later than 5pm on the second working day after the due date of the assessment; and
- the circumstances (illness or extraordinary cause) were beyond the student's control; and
- the circumstances (illness or extraordinary cause) resulted in a severe impact or total incapacitation of the student's performance; and
- supporting documentation is attached to the application and page 3 has been signed and stamped by a Medical Practitioner and/or Counsellor in accordance with Swinburne's Special consideration regulations. Please note that for non-medical reason i.e. death in family, car accident, subpoena for court attendance, a statutory declaration, correctly completed, can also be accepted)

<https://www.swinburne.edu.au/current-students/manage-course/exams-results-assessment/special-consideration-adjustments-extensions/special-consideration/>

The ELICOS Management will advise student of the outcome of this application within two (2) working days of receipt of the application.

SECTION A Student Personal Details - All fields required to be completed

STUDENT ID:
FAMILY NAME:
GIVEN NAMES:
MOBILE:
EMAIL ADDRESS:
CURRENT ELICOS LEVEL:
TEACHERS:

Which exam(s) do you need to apply for Special Consideration for? (Please tick the box)

Level? (e.g. EAP3A)	Assignment or Exam	Exam Date
	<input type="checkbox"/> Listening <input type="checkbox"/> Writing <input type="checkbox"/> Quiz <input type="checkbox"/> Reading <input type="checkbox"/> Speaking <input type="checkbox"/> Project	
	<input type="checkbox"/> Listening <input type="checkbox"/> Writing <input type="checkbox"/> Quiz <input type="checkbox"/> Reading <input type="checkbox"/> Speaking <input type="checkbox"/> Project	
	<input type="checkbox"/> Listening <input type="checkbox"/> Writing <input type="checkbox"/> Quiz <input type="checkbox"/> Reading <input type="checkbox"/> Speaking <input type="checkbox"/> Project	
	<input type="checkbox"/> Listening <input type="checkbox"/> Writing <input type="checkbox"/> Quiz <input type="checkbox"/> Reading <input type="checkbox"/> Speaking <input type="checkbox"/> Project	
	<input type="checkbox"/> Listening <input type="checkbox"/> Writing <input type="checkbox"/> Quiz <input type="checkbox"/> Reading <input type="checkbox"/> Speaking <input type="checkbox"/> Project	

SECTION D Student Declaration - All fields required to be completed

I hereby apply for Special Consideration for the stated units of study. I declare that the information I have provided in this application and on the attached documentation is true and correct in every detail. Where a medical impact statement is attached, I authorise Swinburne University of Technology to seek information directly from the originating source. I have read and understand the guidelines printed on this form.

Student signature	Date
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OFFICE USE ONLY

Please date receipt of form and forward to the EAP Coordinator, or GE Coordinator

Date of Receipt	Documents Attached (Y/N & Number)
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Registered Practitioner Statement

This statement must be completed by a registered medical/health practitioner for a student whose work for a piece of assessment, including examinations, has been adversely affected. Swinburne University of Technology will give special consideration to students only in circumstances of an acute illness, condition or extraordinary event beyond their control. Guidelines for completing this form are on Page 2.

1. Registered Practitioner Assessment

I, _____ (name), a registered medical/health practitioner, declare that I had a consultation with _____ (student's name) on _____ (date) and in my opinion have determined:

- the student is diagnosed with/experiencing _____ **or**
- the student is experiencing an illness of a confidential nature **or**
- the student stated _____, however, I am unable to assess as symptoms are no longer present.

We have discussed the nature of the illness that this student is experiencing and I have determined that in regard to the student's capacity to attend classes, complete assessment requirements or sit an examination, the student has been assessed as:

Degree of Impact	From (date)	To (date)
Minor impact – the condition is not serious and has not had a significant impact on the student's ability to attend class/complete assessment(s)/sit an examination.		
Moderate impact – the condition has caused considerable discomfort but has not had a severe impact on their ability to attend class/complete the assessment task/sit an examination.		
Severe impact – the condition has severely affected the student and they are unable to attend class/complete the assessment(s)/sit an examination or their level of performance in an examination will be affected.		
Total incapacitation – the condition has affected the student to such an extent that they are totally unable to attend class/undertake the assessment task/sit an examination e.g. bedridden, hospitalised or broken dominant hand.		

Additional comments:

2. Registered Practitioner Details

Practitioner name _____ Contact no. _____

Address _____

Provider/Registration no. _____

I declare that I am not a family member and do not have a close or personal relationship with this student. I authorise Swinburne to contact me or my office to confirm the authenticity of this document.

Practitioner's signature _____ **Date*** ____/____/____

*Date the statement was issued

Practitioner's stamp

3. Student Information and Authority

Student ID number _____ Family name _____ Given name(s) _____

I hereby consent to relevant information being provided by my medical/health practitioner and agree that they may provide verification of this statement if requested by Swinburne. I understand that I must retain the originals of any documents submitted in support of a special consideration request and that Swinburne may require the originals to be supplied at any time during my enrolment until my degree has been conferred, or my enrolment otherwise terminated.

Student's signature _____ **Date** ____/____/____

Guidelines for Registered Practitioner Statement

Swinburne University of Technology appreciates you taking the time to help our student assess the impact of their illness or injury. The information you provide here will ensure that the assessment process is fair and equitable.

These guidelines have been written to assist you, as a medical/health practitioner, to understand the purpose and use of the university's Registered Practitioner Statement in the special consideration process.

The purpose of special consideration is to give a student, whose work for a particular piece of assessment has been adversely affected by an extraordinary event beyond their control, a further opportunity to demonstrate their ability.

1. Use of the Registered Practitioner Statement

This statement is included in the application that a student submits to Swinburne for special consideration. It will allow Swinburne to verify the student's claim and to determine the form of consideration to be given based on the student's circumstances.

The information you supply on this document will be available to those staff who need access to it in order to carry out their duties in accordance with Swinburne's privacy policy.

2. What is special consideration granted for?

Special consideration is granted to a student in circumstances of acute illness or condition, or an extraordinary circumstance which has directly impacted their ability to perform an assessment task.

Please be aware that Swinburne has a variety of support services available for students who may be experiencing chronic illness or disability. They include AccessAbility Services (for assessment and examination adjustments) and Swinburne Health Services (for counselling and psychological services and general medical treatment).

3. What information must a Registered Practitioner Statement include?

The Registered Practitioner Statement must include:

- a. **The practitioner's name, contact details, provider or registration number and signature**
- b. **The date of the consultation**
- c. An **evaluation** by the practitioner, psychologist, etc. of the duration and degree of impact on the student's ability to attend classes, study or complete assessment requirements
- d. The **date the statement was written and signed.**

The Registered Practitioner Statement is to be completed by a registered medical/health practitioner within the scope of their practice, who is not a family member and does not have a close or personal relationship with the student.

Please issue the statement in line with guidelines provided by your professional association and only in respect of an illness, injury or extraordinary circumstances that you have observed. Please do not provide **post-dated statements**, as these will not be accepted by Swinburne.