# Special Consideration Form

**Instructions to complete this form**

**Part A**: Student is required to complete Part A. Please read the form carefully before completing the form. Please mark questions that do not apply to your situation with 'N/A'.

Please submit this form to the student support officer to request an extension or deferral for the submission of your assessment, including practical observation. This form must be submitted before the due date of submitting the assessment of the unit of competency or within three (3) working days after the due date. Please provide supporting documentation along with this form. Students can take advice from student support officer and trainers, assessors for supporting document requirements.

## Part A

### A.1 Student Details

(To be filled in by the student. Please use capital/BLOCK letters to enter the required information.)

| | |
|---|---|
| **Student Identification number:** | |
| **First name:** | |
| **Second/Middle name:** | |
| **Surname/Family name:** | |
| **School:** | |
| **Qualifications/ Courses:** | |
| **Telephone (Home):** | |
| **Telephone (Mobile):** | |

### A.2 Extension or deferral for assessment submission required for units of competency

(To be filled in by the student. Please write the correct unit code and title in BLOCK letters for which you are requesting an extension or deferral.)

| S. No. | Unit Code | Unit Title | Assessment Name | Assessment submission due date (dd/mm/yyyy) | Name of Trainer |
|---|---|---|---|---|---|
| | | | | | |
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**A.3 Compelling and compassionate situations**

(To be filled in by the student. Please tick the appropriate options that are applicable. Clearly describe the conditions that influence your assessment and studies. You must specify the duration (in months, weeks, or days) for which your assessment and studies will be influenced. Please attach supporting documents (e.g., a medical certificate, etc).

| **Student's conditions/compelling and compassionate situations** | **Yes/No** |
|---|---|
| **Illness**<br>*(Please attach medical certificate)* | ☐ Yes<br>☐ No |
| **Crisis/Trauma**<br>*(Depending on the nature of the situation, supporting documentation may include a medical certificate or other documents from counsellor, doctor, or police. The proof must show the seriousness and/or severity of the situation that might affect the student's academic performance.)* | ☐ Yes<br>☐ No |
| **Death or serious illness of an immediate family member**<br>*(If possible, include a letter describing the problem from a counsellor, doctor, or other health care provider. Please give evidence of the family member's relationship with the student.)* | ☐ Yes<br>☐ No |
| **Mandatory commitments**<br>*The student is required to attend necessary commitments such as jury duty, court appearances, military reserve activities, and emergency service commitments. Please provide evidence demonstrating the dates of such attendance.* | ☐ Yes<br>☐ No |
| **Other compelling and compassionate situations/reasons:** (Please attach supporting documents) | |
| **Duration** (please specify in days, weeks, or months clearly): ____ months/ _____ weeks/ ____ days.<br>**Extension Starting date** (dd/mm/yyyy):<br>**Extension End date** (dd/mm/yyyy): | |

**A.4 Any other requests for special consideration** (please write if there are any other requests for special consideration.)

_____

_____

_____

_____

_____

**Student Name**: _____

**Signature**: **Date** (dd/mm/yyyy):_____

## Part B: Office Staff Use only

Part B: The student support officer and/or any other relevant college staff member designated by the CEO will be required to complete Part B. Decision of one college staff member mentioned below will be mandatory.

**Part B**

(College staff mentioned below will complete this part)

| **S.No.** | **Staff details and remarks** | **Decision** (please tick one box as per your decision) |
|---|---|---|
| 1. | Student Support Officer<br>Officer's signature: _____<br>Date (dd/mm/yyyy): _____<br>Reason/Remark for making the decision: _____<br>_____<br>_____<br>_____ | ☐ Approved<br>☐ Not Approved |