

# RACMA FELLOWSHIP TRAINING PROGRAM SPECIAL CONSIDERATION APPLICATION FORM

#### PLEASE READ THIS FORM CAREFULLY

#### **About this Form:**

- This form should be used by an individual who is seeking a variation to RACMA training, learning or assessment requirements on the grounds of exceptional circumstances
- For further information please refer to the RACMA:
  - Exceptional Circumstances and Special Consideration Policy
- The completed form and any supporting documentation should be submitted by email to FTPapplications@racma.edu.au
- Please retain a copy of the form for your records

If you have any questions about your application, please contact the College on +61 03 9824 4699 or email FTPapplications@racma.edu.au



## 1. APPLICANT DETAILS

#### **Personal Details**

First Name

Last Name

**RACMA ID** 

Email

Mobile

## 2. APPLICATION DETAILS

## **Application Category**

Special Consideration - Arrangements for Assessment Adjustments

**Special Consideration - Examinations** 

Special Consideration - Other College Requirements and Assessments

Please specify

## **Exceptional Circumstance Category**

Permanent and/or chronic illness, impairment or disability, including complications of pregnancy

Acute medical conditions or serious illness or injury (physical or psychological)

Compassionate grounds

Severe stress resulting from extreme hardship or trauma

Significant hardship as a result of a natural disaster

Other

Please specify



Please describe the specific circumstances that have led you to request special consideration		
Please describe the variation, assistance or provision you are seeking		
Please list any attached documentation that supports this application and the specific grounds on which it is based		



# 3. APPLICANT DECLARATION

I,			
declare that the information supplied in this application is true and correct		n this application is true and correct	
	have provided all information relevant to my application with this form and acknowledge that failure to provide all relevant information may affect the outcome of my application		
	Signature	Date	

# 4. FOR OFFICE USE ONLY

Applicant RACMA ID

Date application received

Time application received

Date of training, learning or assessment requirement (if applicable)