

Special Consideration Application Form

APPLICATION INFORMATION

INSTRUCTIONS

This form should be submitted by students seeking special consideration due to compassionate or compelling circumstances, such as serious illness, injury or other reasons beyond the control of the student, which has affected their ability to undertake class and assessments.

A completed form should be submitted to your Red Cross Training Services Office as soon as practicable and within 5 working days from the end of the assessment for which consideration is sought. For consideration due to serious illness or injury, a medical certificate must be provided in support of your application. Relevant supporting documentation must be provided for all other reasons.

You will be notified of the academic judgement concerning your special consideration application within 5 working days of submission.

RCTS's assessment practices are designed to ensure that conditions are fair to all students, as consistent as possible and that individual students are not disadvantaged by adverse personal circumstances beyond their control.

PART A – STUDENT DETAILS

RCTS Student ID

Personal Details	Title _____ First name _____ Surname _____
	Home address No. & Street _____
	Suburb _____ Postcode _____ State _____
	Phone (home) _____ Mobile phone _____
	Email _____

PART B – UNIT INFORMATION

Indicate unit and assessment for which special consideration is requested, including relevant due dates.

Unit Code	Unit Name	Assessment Task	Due Date

Reason(s) for your application

PART C – STUDENT DECLARATION

Declaration:

I, (print name) _____, verify that:

- I understand that submission of this application does not guarantee grant of special consideration; and
- I hereby certify that the information provided in this application is true and correct.

Signature (Parent/Guardian if applicant is under 18 years of age):

Name:

Date:

Red Cross Training Services Use Only

Trainer/Assessor

Supporting Documents Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	
Special Consideration Granted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	
Decision noted on student file	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	