

Special Consideration

Purpose of this form

You can apply for special consideration if something out of the ordinary and beyond your control happens to you, and it impacts on your ability to complete an assessment task. You will be required to provide documentation to support your application (e.g. Medical Impact Statement, Statutory Declaration, police report, etc.). For further information, [visit the Special Consideration website](#).

If your application for special consideration is based on medical grounds, you must submit a Medical Impact Statement (page 3 of this form) completed by your Professional Practitioner to support your application.

Guidelines for Special Consideration

- The policy for special consideration is detailed in [item 5.2 in the Assessment and Results Policy](#)
- You may apply for special consideration if you have been:
 - significantly hampered, by illness or other extraordinary causes, from preparing or presenting for an assessment task
 - adversely affected by illness or other extraordinary causes, during the performance of an assessment task
- When your medical condition does not prevent you from attending or sitting an assessment task, you:
 - must attend and sit the assessment task; and
 - may apply for special consideration if you consider that you have grounds under the [Academic Courses Regulation 44](#).
- When a decision is being made about this application, the following will be considered:
 - your performance in other assessment tasks in the unit and/or whether you have met all other requirements for successful completion of the unit
 - the nature of the special circumstances
 - the relevance, nature and authenticity of the evidence provided
 - the requirements and any constraints of the particular assessment task
- The outcome of your application may be that you:
 - are granted an extension to the due date for your assessment task
 - are given special arrangements for your assessment task
 - may be able to re-do one or more of your assessment tasks
 - are not granted special consideration (a full reason will be provided).

Submission Details

- This application must be received no later than 5pm on the third working day after the submission date for the assessment task for which Special Consideration is being claimed.
- This form must be completed, scanned with supporting documentation and submitted via e-mail to VE-Progressions@swin.edu.au
- Late applications or applications that do not meet the documentation requirements as stipulated by the University may be deemed ineligible.
- E-mail VE-Progressions@swin.edu.au if you:
 - are unable to submit the form by the deadline OR
 - change your mind and wish to retract your special consideration application. You have two days to retract a special consideration application once lodged.

Instructions for Students 1. Complete Sections A, B, D, E and include all supporting documentation. 2. Submit this application via e-mail to VE-Progressions@swin.edu.au 3. You will receive an outcome of this application within 10 working days in your Swinburne student email.	OFFICE USE ONLY Date received: Sent for Assessment:	Outcome received: Student notified:
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Section A – Student Details							
Student ID		Surname		Given Name		Mobile	

Section B – Course and Unit Details					Section C – Outcome				
Course Code	Course Title				Approved		New Assessment Due Date	Reason for Not Approved	Teacher Signature
Unit Code	Unit Title	Teacher Name	Assessment Task Name	Assessment Task Due Date	Yes	No			

Section D – Reason for Special Consideration		
<input type="checkbox"/> Medical Grounds	<input type="checkbox"/> Non-Medical Grounds (please state reason):	<input type="checkbox"/> Supporting documentation attached

Provide any further information to support your application for special consideration:

Section E – Student Declaration			
I am applying for Special Consideration for the stated units of study and declare that the information I have provided in this application and on the attached documentation is true and correct. Where a medical impact statement and/or supporting documentation are attached, I authorise Swinburne University to seek information directly from the originating source.	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 40px; vertical-align: bottom;">Signature</td> <td style="width: 50%; height: 40px; vertical-align: bottom;">Date</td> </tr> </table>	Signature	Date
Signature	Date		

MEDICAL IMPACT STATEMENT (To be completed by Professional Practitioner)

Information for practitioner: 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. Special Consideration is intended for acute illness / condition or an extraordinary circumstance.

AMA members please note: When providing certification on an illness that occurred prior to the date of the consultation, please apply AMA Guidelines.

On (date/s of consultation) _____

I, _____ a registered medical/health practitioner examined _____
(Practitioner Name in BLOCK LETTERS) *(Student Name in BLOCK LETTERS)*

and have determined that he/she is suffering from: _____

OR The student states that he/she is suffering from: _____

The condition is (please tick one) days weeks months ongoing

IMPACT ASSESSMENT	From	To
<input type="checkbox"/> Total incapacitation The impact of the condition is extremely serious and the student is affected to the extent that to sit an examination, or to complete an assessment, is not possible. (e.g. bedridden, hospitalized, broken dominant hand)		
<input type="checkbox"/> Severe impact The impact of the condition is serious in nature and the student is severely affected. The student cannot complete the assessment/s OR the level of performance in an examination will be severely affected. (e.g. wisdom teeth extraction, glandular fever or severe migraine)		
<input type="checkbox"/> Moderate impact The impact of the condition is not severe and the student's ability to complete the assessment is moderately affected. (e.g. a virus which has caused some discomfort but has not had a severe impact on the student's ability to sit an examination, or to complete an assessment.)		
<input type="checkbox"/> Minor impact (able to be alleviated with non-prescription medications) The impact of the condition is not serious and has not had a significant impact on the student's ability to complete assessment/s. (e.g. cold, headache or period pain with no other associated conditions, where over-the-counter medication will resolve the pain with no serious impact on the student's ability to sit an examination, or to complete an assessment.)		
<input type="checkbox"/> No impact The condition does not have an impact on the student's ability to complete the assessment/s. (e.g. normal range of anxiety about sitting an examination)		
<input type="checkbox"/> Unable to assess The impact of the condition is not able to be determined. (e.g. the condition cannot be diagnosed; there is no visible / prevalent condition)		

IMPACT DESCRIPTION

Please describe in the comments section below whether the student's condition impacts on:

1. Ability to complete an oral task	3. Ability to complete a written examination	5. Ability to concentrate
2. Ability to sit for sustained periods	4. Ability to travel	6. Other (please describe)

Comments:

Please complete all details below with signature and stamp:		Professional Practitioner's stamp
Medical/health practitioner's registration no.		
Address of practice		
Telephone no.		
Signature of Professional Practitioner		
Date		