



PURPOSE OF THIS FORM

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 can apply for special consideration. You will be required to provide documentation to support your application. If your application for special consideration is based on medical grounds then you should ask your Professional Practitioner to complete the Medical Impact statement (page 3 of this form) and submit with your application.

GUIDELINES FOR SPECIAL CONSIDERATION

The policy for special consideration is detailed in the Special Consideration Policy, located on the Film School website: <http://www.footscrayfilms.com.au/downlads>

You may apply for special consideration if you have been:

1. significantly hampered, by illness or other extraordinary causes, from preparing or presenting for an assessment task
2. 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:

1. must attend and sit the assessment task; and
2. then you may apply for special consideration

When a decision is being made about this application, the following will be considered:

1. your performance in other assessment tasks in the unit and whether you have met the other requirements for successful completion of the unit
2. the nature of the special circumstances
3. the relevance, nature and authenticity of the evidence provided
4. the requirements and any constraints of the particular assessment task

The results of your application may be that you:

1. are granted an extension to the due date for your assessment task
2. are given special arrangements for your assessment task is approved
3. may be able to re-do one or more of your assessment tasks.

SUBMISSION DETAILS

This application must be submitted to the Head of The Film School no later than 5pm on the third working day after the submission date for the assessment task for which Special Consideration is being claimed. Late submission of this form might mean that the application for special consideration is not considered. If the student is unable to submit the form by the deadline, they must ensure that Head of The Film School is advised either by telephone, email or in person.

Instructions for Students 1. Complete Sections A, B, D, E and, if required, Medical Impact Statement 2. Forward application to the Head of the Film School on campus or via email to constantinou.cleopatra@gmail.com 3. The Head of the Film School will email the outcome of this application within 10 days to your school email						OFFICE USE ONLY Date received: Sent for Assessment: Outcome received: Student notified:	
SECTION A - STUDENT DETAILS							
STUDENT ID		SURNAME		GIVEN NAME		MOBILE	

SECTION B - COURSE & UNIT DETAILS				SECTION C - OUTCOME				
COURSE CODE		COURSE TITLE		Approved		New Assessment Due Date	Reason for Not Approved	Teacher Signature
Unit Code	Unit Title	Assessment Task Name	Assessment Task Due Date	Yes	No			

SECTION D - REASON FOR SPECIAL CONSIDERATION

Medical Grounds/Illness Hardship/Trauma Primary Care Giver Transport Grounds Bereavement (close family member) Other:

Provide any further information about your application for special consideration that will assist a decision to be made:

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 Footscray City Films to seek information directly from the originating source.

SIGNATURE

DATE

Please see next page for Medical Impact Statement to be completed by a Professional Practitioner

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

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

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

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

IMPACT ASSESSMENT	FROM	TO
<input type="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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:

If the stamp does not contain all of the following, please complete as appropriate:

Professional Practitioner's stamp

Medical/health practitioner's registration no.

Address of practice

Telephone no

Signature of Professional Practitioner

Date