

Application by Candidate for Special consideration (medical)



Please fill in your Institute ID number, if known (please use a BLACK pen)

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Please complete **ALL** the sections (1 – 5) below, and return the application to the Institute's office (see page 4 for contact details).
Please print in BLOCK LETTERS.

Purpose of this document

This document is to be submitted by candidates when applying for special consideration for assessment tasks on medical grounds.

For special consideration on medical grounds to be granted, the Institute of Chartered Accountants in Australia requires **detailed information** provided by a medical practitioner or health care provider, in relation to the circumstances which you believe may have had an adverse effect on your performance in the module. This is to enable an assessment of the validity of the candidate's entitlement to be made and to determine if any action should be taken.

Section 1 – Personal details

Title Mr Mrs Miss Ms Other →

Given name/s (in full)

Family name Preferred name

Date of birth Day • Month • Year Country of birth

Postal address

State Postcode Country

Email (home)

Phone (home) Fax (home)

Mobile

Section 2 – Module and assessment item(s) details

Please select the applicable module:

- Financial Accounting & Reporting
- Taxation
- Audit & Assurance
- Management Accounting & Analysis
- Ethics & Business Application

I would like to apply to the Institute of Chartered Accountants in Australia for special consideration in relation to the following assessment item(s):

- Focus Session 1
- Focus Session 2
- Focus Session 3
- Focus Session 4
- Extension Project
- Exam
- Supplementary Exam (Refer to Program regulations for eligibility criteria)

Section 3 – Detailed reasons for applying for special consideration

Please note: If the space provided below is insufficient, please attached additional pages to this application.

1. Details of condition/circumstances.

2. Extent of impact on performance in the above assessment item(s).

3. Action undertaken in order to minimise impact on performance.

4. How would your approach to this assessment item have been different if this condition/event did not occur?

5. Is there any additional information you would like to add to support your application?

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Section 4 – Declaration and privacy statement

I declare the information on, and submitted with this application form to be a true and honest account of circumstances relating to my module performance.

Privacy statement

The Institute of Chartered Accountants in Australia respects the privacy of individuals and acknowledges that the information you provide on this form is 'personal information' as defined by the Commonwealth *Privacy Act*. The information is being collected for the purpose of processing your application. The provision of this information is voluntary, but if it is not provided the Institute may be unable to process your application. If your application is successful, the information will also be used for the purposes listed in the Institute's privacy policy – a copy of which is at charteredaccountants.com.au/A116990340

Applicant's signature

Date

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month			Year			

Section 5 – Medical details (this section to be completed by the medical practitioner / health care provider)

Name of patient
(Name/Family name)

Name of medical
practitioner/provider

Provider number

Provider's stamp

Postal address

State

Postcode

Country

Email (practice)

Phone (practice)

Fax (practice)

Please indicate how your assessment of the candidate's condition was obtained:

Information provided by candidate

Examination of candidate

The period during which the candidate has been /will be affected: (Please provide an **approximate** day if the 'exact' day is not known.)

From Day . Month . Year to Day . Month . Year

The degree to which the candidate's performance has been /will be affected:

Not at all

Mildly

Moderately

Severely

Please provide a detailed description of the candidate's condition (If the space provided is insufficient, please attached additional pages to this application)

Medical practitioner's signature

Date

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day			Month			Year			

Section 6 – Submitting your application form

Application forms

Please submit your completed application to:

Mail	Chartered Accountants Program Assessments Institute of Chartered Accountants in Australia GPO Box 9985, Sydney NSW 2001
Fax	+61 2 9262 3241
Email	assessmarking@charteredaccountants.com.au
In person	
ACT	L10, 60 Marcus Clarke Street, Canberra
NSW	33 Erskine Street, Sydney
Qld	L32, Central Plaza One, 345 Queen Street, Brisbane
SA	L11, 1 King William Street, Adelaide
Vic	L3, 600 Bourke Street, Melbourne
WA	Ground Floor, BGC Building, 28 The Esplanade, Perth

For further enquiries or additional information please contact the Chartered Accountants Service Centre on:

Website	charteredaccountants.com.au
Phone	
Australia	1300 137 322
Overseas	+61 2 9290 5660
Email	service@charteredaccountants.com.au