



NAFET

National Academy of Further Education & Training

APPLICATION FOR SPECIAL CONSIDERATION FORM

A student whose work or attendance during a study period has been affected by acute illness or other exceptional cause beyond their control may apply in writing to NAFET for special consideration. As a result, the student may be granted reassessment(s) and / or an extension of study duration if it is clear that they cannot complete their course on time. The accepted causes are defined as compassionate and compelling circumstances could include, but are not limited to:

- Serious illness or injury, where a medical certificate states that the student was unable to attend classes;
- Bereavement of close family members such as parents or grandparents;
- Major political upheaval or natural disaster in the home country requiring emergency travel when this has impacted on the student's studies; or
- A traumatic experience which could include:
 - (i) Involvement in, or witnessing of a serious accident;
 - (ii) Witnessing or being the victim of a serious crime.
 when this has impacted on the student (these cases should be supported by police or psychologists' reports).

Please note that documented evidence must be attached in support of your application.

Student ID No.									
Given Name(s)									
Surname									
D.O.B (dd/mm/yyyy)					Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Course									
Address									
Suburb					Postcode				
Home Phone					Mobile Phone				
Email									
What special consideration are you seeking?	<input type="checkbox"/> Extension for Submission of Work								
	<input type="checkbox"/> Other (please detail):								
Reason for special consideration (ensure you attach the appropriate supporting documents)									



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Declaration

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I authorise NAFET to obtain official records from any authority necessary to make an informed decision about the application of matters that concern enrolment.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application.

Signature		Date	/ /
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Office Use Only			
Received by Administration	Name:		Date: / /
Outcome Decision			
Administration Executive Signature			Date: / /
Action Required	Actioned By	Date	
<input type="checkbox"/> Student given written notice of decision		/ /	
<input type="checkbox"/> PRISMS – eCoE variation (if applicable)		/ /	
<input type="checkbox"/> Course Co-ordinator advised		/ /	
<input type="checkbox"/> Database updated		/ /	
<input type="checkbox"/> All documents filed in student folder – Administration Department		/ /	
<input type="checkbox"/> All documents filed in student folder – Financial Department		/ /	
<input type="checkbox"/> All documents filed in student folder – Compliance Department		/ /	