

**ACCSM SPECIAL CONSIDERATION APPLICATION FORM**

Applicants must read the [ACCSM Special Consideration Policy](#) and [ACCSM Special Consideration Procedure](#) before submitting their application, to ensure that their request meets the criteria and submission requirements.

**1. Applicant information**

First name	
Last name	
Mobile number	
Email address	
For what assessment is special consideration being requested?	
Date of assessment relating to this application	

**2. Grounds for special consideration**

Please provide a detailed explanation of your request for special consideration, making specific reference to the relevant criterion at Clause 6.1 of the [ACCSM Special consideration Policy](#):

### 3. Adjustments

Please describe in detail the remedy that you are requesting (e.g. deferral, withdrawal, adjustment):

### 4. Supporting evidence

Please provide details of supporting evidence that you are submitting to substantiate your request (refer to the [ACCSM Special Consideration Procedure](#) for details of acceptable documentation):

### 5. Applicant Declaration

1. I confirm that all details provided are a true and correct representation of my circumstances.
2. I have read, understand, and agree to comply with the [ACCSM Special Consideration Policy](#) and the [ACCSM Special Consideration Procedure](#).
3. I have submitted the application within the specified timeframes.
4. My application includes all relevant supporting documentation.
5. I agree to inform the ACCSM of any changes in circumstances which may impact this application.

Signed:

Date:

### 6. Lodgment of Special Consideration Application

Please submit the application form and supporting evidence to the ACCSM office:

[admin@accsm.org.au](mailto:admin@accsm.org.au)