

## MONASH EDUCATION PROFESSIONAL AND CONTINUING EDUCATION APPLICATION FORM: SPECIAL CONSIDERATION – 2021

### COURSE DETAILS

Course name: \_\_\_\_\_

Facilitator: \_\_\_\_\_

### PERSONAL DETAILS

Given name: \_\_\_\_\_

Surname: \_\_\_\_\_

Email: \_\_\_\_\_

### SPECIAL CONSIDERATION

Which assessment task(s) is your special consideration request for?

Written assessment task – please indicate the task: \_\_\_\_\_

Examination

Due date (dd/mm/yyyy): \_\_\_\_\_

What kind of special consideration would you like?

Extension

Other - please indicate:

What's the primary reason you're applying for special consideration?

(If more than one reason, please select one and provide further details in the next question)

COVID-19 (related to travel bans, illness or self-isolation)

Medical

Loss or bereavement

Hardship or trauma

Other - please indicate: \_\_\_\_\_

Please describe the reason you specified above and how this affected your ability to complete your assessment task:  
(Maximum 1000 characters)

## SUPPORTING DOCUMENTS

### PLEASE PROVIDE SUPPORTING DOCUMENTATION

**Digital documents must be of good quality** – clear, easy to read and showing the entire document. We may ask to see the original or certified version of any documents you submit.

**Maximum 2MB per attachment and must be pdf, doc, jpg, gif or png.**

## STUDENT AGREEMENT

I declare that the information provided by me is true and complete. Providing false information, or falsifying documents may be considered fraud and will be treated seriously by the University. Submission of false information or falsified documents will be subject to disciplinary action in line with Part 7 of the Monash University Regulations and penalties may be applied. Falsifying documents may also amount to a criminal offence.

I acknowledge that Monash University reserves the right to confirm the information provided and may vary or reverse any decision regarding special consideration on the basis of incorrect or incomplete information. I give consent for the University to contact my treating practitioner and/or other person/organisation named in any supporting documentation to confirm/clarify the information provided and to provide information relevant to my request for special consideration.

I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.

Yes, I agree with this declaration.

## SUBMISSION

Please forward your completed application and supporting documentation to the Monash Education Professional and Continuing Education team.

Professional and continuing education team, Monash Education

**Email:** [edu.pdp@monash.edu](mailto:edu.pdp@monash.edu)

**Phone:** +61 3 9905 2700

A response will be provided to you via return email within 5 business days.

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If you have any questions about how Monash University is collecting and handling your personal information, please contact our Data Protection and Privacy Office at: [dataprotectionofficer@monash.edu](mailto:dataprotectionofficer@monash.edu).