## **International Institute of Training Pty Ltd**



SPECIAL CONSIDERATION FORM						
Student Full Name:			Student ID:			
Email:			Phone:			
Date of Application:						
Course Name:						
Reason for Application:						
☐ Medical condition/illness	(attach modical cartificate)					
	ily member (attach death certificate)					
☐ Serious personal circumstances (e.g. victim of crime, trauma)						
☐ Religious or cultural obligations ☐ Natural disaster/emergency event						
, ,	•					
Other (please specify):			<del></del>			
Briefly describe your circumstances and how they have impacted your study, assessment, or attendance:						
process and great and an arrangement of the second						
Supporting Document Co	ompleted (Please tick the docume	nts you have	attached):			
☐ Medical Certificate						
☐ Death Certificate						
☐ Police report/statutory declaration (if applicable)						
☐ Trainer/Assessor, or other relevant authority (if applicable)						
$\square$ Letter of Support from Manager or Supervisor Trainer/Assessor, or other relevant authority (if applicable)						
☐ Other; please specify:						
Students Declaration						
I declare that the information provided in this application is true and correct. I understand that:						
Submission of false or misleading information may result in my application being rejected.  All a constant information and will be be added in a constant to a Privace Act 1000 and UT/a Privace Palice And UT/a Privace						
_	F					
may be shared with the Australian Government where required under the ESOS Act 2000 and the National Code 2018.						
Student Signature:		Date:				

Document Name: Special Consideration Form

Version 25.0

International Institute of Training Pty Ltd t/a International Institute of Training

Campus Location: 13 Tarkin Court, Bell Park, Victoria 3215, Australia

Phone no: 1300 651 348 | Email: <u>info@iitraining.vic.edu.au</u> | Website: <u>www.iitraining.vic.edu.au</u> RTO Code: 21628 || CRICOS Number: 04028M || ACN 113 898 721 || ABN 82 113 898 721

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OFFICE USE ONLY						
Outcome:	☐ Approved	☐ Not Approved				
Comments/Conditions:						
Authorised Staff Name:						
Student Signature:			Date:			

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