



# Request for Special Consideration

## for admission to The University of Western Australia

*All sections to be completed and signed by the applicant*

TISC/UWA APPLICATION NUMBER: .....

### Personal Details

1. Family Name: .....

Given Names: .....

2. Date of Birth: .....

3. Male

Female

4. Contact Address: .....

Postcode: ..... Phone:\* ..... Fax: .....

Mobile:\* ..... Email: .....

*\*This should be a number you can be contacted on, if needed, between November and February*

### Part 1 - Curriculum Council of Western Australia - Sickness and Misadventure Policy

Have you applied for special consideration under the Curriculum Council's Sickness and Misadventure policy?

*(Please be aware that Special Consideration for Admission to UWA is not normally applicable where a student has already been granted special consideration through the Curriculum Council's Sickness and Misadventure policy, unless the application is supported on grounds not previously reported to the Curriculum Council or arising more than 3 months prior to TEE. Issues arising prior to this point in time may provide grounds for a Request for Special Consideration.)*

Yes

No

### Part 2 - Describing the disadvantage

In order for the University to assess your Request for Special Consideration, you are required to answer specific questions on the pages following. These questions are designed to assist you describe the full extent of your disadvantage.

OFFICE USE ONLY	
Application Received: <input type="checkbox"/> .....	Notification: <input type="checkbox"/> .....
Processing Notes:	



2. What **impact** did this situation have on your studies? (Place an X in the appropriate box.)

**Note: you must provide evidence to support your claim and that evidence must make clear the impact on your studies. The university may re-assess your claim based on the supporting evidence.**

<input type="checkbox"/>	Caused severe disadvantage
<input type="checkbox"/>	Caused significant disadvantage
<input type="checkbox"/>	Caused mild disadvantage
<input type="checkbox"/>	Caused no disadvantage of any kind

Comments to elaborate further (if required):

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3. Describe the **timing** and/or **duration** of the disadvantage you have experienced, in relation to your studies.

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4. List the documentary evidence you have provided to support your case. See page 2 for information on what constitutes appropriate evidence. **Note: if your Request for Special Consideration is made on the basis of illness or other medical condition, please also submit the Medical Evidence Form, completed and signed by your health professional.**

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### Part 3 - Supporting documentary evidence

You are also required to provide appropriate documentary evidence to support your case for special consideration. Acceptable evidence includes:

- A statement from your School Principal (or an approved delegate) that addresses the disadvantage you are claiming;
- Medical documents or certificates;
- Reports from other health professionals, including registered counsellors and psychologists;
- Police reports; and
- Legal documents.

Unacceptable evidence includes:

- Character references that do not address the disadvantage you are claiming;
- School reports; and
- Other unofficial documents.

**All claims must be supported by statements from appropriately authorised professionals. A statement from a school principal alone may not be sufficient evidence. For example, an application on the basis of illness or other medical condition must include a statement from a medical practitioner or other health professional outlining the nature of the illness or medical condition.**

### Part 4 - Applicant Declaration

Please complete the Applicant Declaration below.

*I declare to the best of my knowledge, that all the information provided in this application (and the information within the attached supporting documents) is correct. I understand that UWA will ensure that any and all information provided is maintained in a manner in keeping with standards of professional conduct and in strict confidence. I understand that relevant details may be discussed by an Appeals panel, the University's Student Services practitioners and relevant Faculty staff where deemed appropriate, but that the information will not be released outside of the relevant administrative area without my prior written consent. I understand that the information I have provided would only be disclosed without my consent where there is a clear danger to myself or others, or there is a legal obligation to do so by court subpoena, search warrant or legislated requirement.*

**Signature of Applicant:**..... **Date:** .....

Your completed form and supporting documents should then be submitted directly to:

#### **CONFIDENTIAL**

Executive Officer (Admissions Committee)  
UWA Admissions Centre  
Hackett Hall (M353)  
The University of Western Australia  
35 Stirling Highway  
CRAWLEY WA 6009

Phone: (+61 8) 6488 3185  
Fax: (+61 8) 6488 1226