A blue and black logo

Description automatically generated

Special Consideration Application Form

This form is to be used by students who wish to apply for special consideration when they cannot continue to study due to circumstances beyond their control, and as a result, will need to withdraw or cancel from their enrolled course.

Special consideration may apply to students who experience one of the following during training or assessment:

* Serious illness or a psychological condition e.g. hospital admission, serious injury, severe anxiety or depression (requires medical certificate)
* Bereavement
* Hardship/trauma e.g., victim of crime or sudden unemployment
* Other exceptional circumstances (to be assessed upon application)

Special consideration will **not** apply in the following circumstances:

* The student had an existing or ongoing medical condition prior to commencement
* A student has changed their mind about study and wishes to withdraw without penalty
* A normal change in work arrangements such as a change of shift
* Holiday arrangements or social/leisure/personal commitments made by the student within a study period
* A student’s faulty technology
* Misreading or ignoring communication or instructions from MiTraining

Applications for special consideration **must** be submitted with:

* A completed Special Consideration Application Form
* Copies of supporting evidence certified by a Justice of the Peace
* A completed Enrolment Cancellation, Withdrawal or Deferment Form
* All documentation in one submission to be considered a complete application

Please return the completed form, together with evidence, to [support@mitraining.edu.au](mailto:support@mitraining.edu.au).

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Phone |  | USI |  |
| Email |  | | |

# Course Details

|  |  |  |
| --- | --- | --- |
| Course Code and Name |  | |
| Commencement Date |  |

|  |  |
| --- | --- |
| Unit Code | Unit Name |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Application Details

Request for fees to be held in credit  Request refund of course fees

|  |
| --- |
| Please check the box that best describes the reason for your request. |
| Employment-related  Financial  Medical  Family/Personal  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List the name of each supporting document to be used as evidence to support your application. |
|  |
| Provide a summary of the circumstances supporting your application for special consideration |
|  |

# Declaration

I certify that the information provided by me is true and correct. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment or delays in processing.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

# MiTraining use only

|  |  |  |
| --- | --- | --- |
| Date Received |  | |
| Approved | Yes  No | | Date of Decision |  |
| Outcome | Extension of submission date (not beyond 6 months)  Deferred assessment  Additional assessment  Withdrawal from course without penalty  Resubmission/reassessment  Opportunity to recommence course, dependent on availability  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Fees | Amount |  | Held in credit  Refunded | |
| If application is denied, state the reason/s for the decision | | | | |
|  | | | | |
| General Manager Name |  | | | |
| Signature |  | | Date |  |