



AOAC Qualification and Skills Assessment Application for Special Consideration

This form applies to Candidates applying for special consideration when undertaking one or more of the assessment stages administered by the AOAC Qualification and Skills Assessment Committee (QSAC).

Special consideration is available to candidates undertaking the Standard Pathway Assessment (SPA) or the Competent Authority Pathway (CAP) who have been significantly impacted by unforeseen extenuating circumstances. These circumstances have compromised the candidate's ability to undertake and/or complete one or more stages of their assessment process at the scheduled time and/or in the normal timeframe for completion.

The Australasian Osteopathic Accreditation Council is committed to supporting candidates in their assessment pathway and will individually consider candidates personal circumstances.

Special consideration is available if the candidate:

- a) Has been prevented to a significant degree by illness or other personal circumstance in preparation for an assessment stage and this impeded preparation would likely result in the candidate not being able to successfully complete the assessment.*
- b) Has been hampered to a significant degree by illness or other personal circumstance that hinders the candidate from presenting and/or undertaking the assessment.*
- c) Has been impacted to a significant degree by illness or other personal circumstance that severely compromised their performance in an assessment that has been undertaken.*

Making a special consideration application

Applications for special consideration need to be submitted at least 5 business days before the scheduled assessment and the candidate should clearly state if they are requesting that the assessment be rescheduled to a later date. Supporting and/or certified evidence needs to be included in all applications.

When the special consideration application relates to a situation that has occurred within five days of the scheduled assessment, candidates should take every effort to submit their special consideration application as soon as possible.

SPA Candidates

When a candidate is submitting special consideration for (a) or (b) above for stages 2, 4, or 5, they are required to email AOAC to notify they will not be sitting the assessment at the scheduled time. If a candidate is applying for reason (c) for stage 2, 4, or 5, the application needs to be received by AOAC within three business days of the scheduled assessment.



CAP Candidates

When submitting special consideration for reason (a) or (b) for the open book examination (OBE) they are required to email AOAC to notify that they will not be sitting the assessment at the scheduled time. If a candidate is applying for reason (c) for the OBE, the application needs to be received by AOAC within three business days of the scheduled assessment.

Required documentation for all Candidates

Candidates are required to complete the *Special Consideration Form*. This form gathers the following information regarding:

- i. The assessment pathway being undertaken (SPA or CAP).
- ii. The assessment stage relevant to the application for consideration.
- iii. Reason from above list (a), (b), or (c) that best outlines the candidate's situation.
- iv. Explanation of how the circumstances have impeded candidate's ability to undertake the assessment stage.
- v. Supporting documentation (e.g. medical certificate) with the application. Supporting and/or certified documentation (e.g. statutory declaration) should be saved as pdf files and attached to the email. In the event of a death or legal matter, a death certificate/death notice or police report must be provided.
- vi. If the application is for reasons (a) or (b), the candidate needs to propose when the assessment stage will be able to be completed.

Submission of special consideration form and supporting documentation to the AOAC.

Any correspondence sent to AOAC for the purposes of this policy must be sent via:

- i. Post: Australasian Osteopathic Accreditation Council, PO Box 400, Canberra City, ACT 2601, AUSTRALIA
- ii. Email: admin@osteopathiccouncil.org.au



Special Consideration Form

Required Information

This form gathers the following information regarding:

- i. The assessment pathway being undertaken (SPA or CAP).
- ii. The assessment stage relevant to the application for consideration.
- iii. Reason as outlined in Section B (a), (b), or (c) that best outlines the candidate's situation.
- iv. Explanation of how the circumstances have impeded candidate's ability to undertake the assessment stage.

Section A. Personal Details To be completed by Candidate

Title:	Family name:	Given names:
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Contact phone number:

Contact email address:

Unit Name (please tick): CAP SPA

Section B. To be completed by Candidate

Assessment Details and the basis of Special Consideration

Assessment (stage) related to the application (written examination, portfolio, practical examination or open book examination):

Reason for requesting special consideration (please check relevant circumstance(s)):

- a) *Has been prevented to a significant degree by illness of other personal circumstance in preparation for an assessment stage and this impeded preparation would likely result in the candidate not being able to successfully complete the assessment.*
- b) *Has been hampered to a significant degree by illness or other personal circumstance that hinders the candidate from presenting and/or undertaking the assessment.*
- c) *Has been impacted to a significant degree by illness or other personal circumstance that severely compromised their performance in an assessment that has been undertaken.*

Details of special consideration being sought: _____



Please list supporting documentation attached:

I declare that the information provided is **true and complete**. I acknowledge that AOAC 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 hereby give consent for AOAC to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarify the information provided and for the practitioner or other person/organisation 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.

Signature of Candidate _____ Date: _____

Section C. To be completed by QSAC chair or committee

This special consideration application is:

Not approved Approved

Special consideration is given:

Proposed assessment reschedule date: _____

Signature of Assessor: _____ Date: _____

Please send the form along with all correctly certified supporting documentation to AOAC:

Via post: Australasian Osteopathic Accreditation Council

GPO Box 400, Canberra City, ACT, 2601, AUSTRALIA

Via email: admin@osteopathiccouncil.org.au