



SPECIAL CONSIDERATION

Exceptional Circumstances / Alternative Assessment Arrangements

Before submitting an application for special consideration on the grounds of exceptional circumstances or alternative assessment arrangements, applicants should ensure they have read and are familiar with the provisions of the ACEM [Exceptional Circumstances and Special Consideration Policy](#) (the Policy). Applications must be submitted within the timeframe(s) stipulated in the policy.

SECTION 1: APPLICANT DETAILS

Applicant Name

ACEM ID

Address

Mobile Number

Email (Communication will usually be by email)

Telephone Number

If it is not possible, due to the nature of the event(s) in question, for the individual requesting special consideration to submit the application, it may be submitted by the individual's nominee.

Nominee Name (if applicable)

Telephone Number

SECTION 2: APPLICATION TYPE

This application is for special consideration (please select):

- On the grounds of exceptional circumstances (Section 3, below)
- For alternative assessment arrangements (Section 4, below)

SECTION 3: APPLICATION ON THE GROUNDS OF EXCEPTIONAL CIRCUMSTANCES

Grounds on which this application is made (please select):

- Permanent and/or chronic illness, impairment or disability, including complications of pregnancy [3.1.1(a)]
- Acute medical conditions or serious illness or injury [3.1.1(b)]
- Compassionate grounds [3.1.1(c)]
- Severe stress resulting from extreme hardship or trauma [3.1.1(d)]

- Other [3.1.2]:
(Please specify)

Nature of Exceptional Circumstances

Pursuant to section 8(4) of the Policy, please attach a letter detailing the nature of the circumstances and specifying in what way(s) those circumstances are considered to be 'exceptional' in that they hampered capacity to meet the requirement(s) to which this application relates or adversely affected performance in the assessment(s).

Correspondence attached

Supporting Information / Documents

With reference to section 8.2(1) of the Policy, is any supporting information / documentation attached?

Yes No

List any information / documentation attached in support of this application and the ground(s) on which it is made.

SECTION 4: APPLICATION FOR ALTERNATIVE ASSESSMENT ARRANGEMENTS

Grounds on which this application is made (please select):

- Permanent or chronic impairment or disability
- Religious observance requirements which do not permit participation in an assessment as a particular time or on a particular day
- Pregnancy or nursing an infant at the time of sitting an ACEM examination

Assessment Details

Assessment for which alternative arrangements are sought

Assessment date

Nature of Alternative Arrangements and Supporting Information / Documents

With reference to section 4(2) of the Policy, list the information / documentation attached in support of this application and the ground(s) on which it is made.

SECTION 5: DECLARATION

In submitting this form:

- I confirm that I have read the ACEM [Exceptional Circumstances and Special Consideration Policy](#) and agreed to abide by the terms and processes set out therein;
- I have provided all information relevant to my application with this form and acknowledge that failure to provide any and all relevant information may affect the outcome of my application; and
- I understand that my application will not be progressed until the applicable fee, if any, has been paid.

Signature of Applicant

Date

SECTION 6: SUBMISSION

In all cases, this form, along with supporting documentation and payment of the applicable fee is to be submitted by email. The specific College requirement(s) to which this application relates will determine the email address to which it is to be submitted.

ACEM Training Programs and their requirements:

- EMC/EMD Program: emcemd@acem.org.au
- FACEM Training Program: training@acem.org.au
- Fellowship Examination: fellowship.exam@acem.org.au
- Primary Examination: primary.exam@acem.org.au
- Research Requirement: trainee.research@acem.org.au
- WBAs: wba@acem.org.au

Other College requirements:

- CPD Program: cpd@acem.org.au
- Hospital/Site Accreditation: accreditation@acem.org.au
- SIMG Assessment: simg@acem.org.au

SECTION 7: PAYMENT OF APPLICATION FEE

The current fee for an application for special consideration is AU\$220.00 (inc. GST).

Credit Card Authorisation

Member Name: ACEM ID:

Card Type: Visa Mastercard AMEX

Name on Card: Amount:

Card Number: ____ : ____ : ____ : ____ Expiry: ____ / ____

Signature: Date: