

Applicant Statement

This form can be completed electronically , with a digital signature, or printed, signed and scanned for submission.

Your details		
Family name		
Given names		
TISC number		
School/other institution name		
Your circumstances		
What circumstance/s are you seeking consideration for?	,	
School environment		
Financial circumstances		
Family situation		
Personal health issues		
Other circumstances		
Have you already received adjustments to your results of for this issue? Y N	or revised asses	ssment arrangements
Have you applied for:		
Special Examination arrangements?	Υ	N
Sickness/Misadventure consideration?	Y	N
Other types of assistance?	Y	N

Supporting documentation submitted

Statement of support from your school

School reports

Medical practitioner's report (if applicable)

Other documentation (list below)

Please do not submit personal character references and/or resumes.

Statement

Please tell us about your situation. Make sure you describe the level of impact it had on your studies, when it happened and how long it lasted. (5000 character limit. Attach additional pages if required.)

Declaration

- I declare that all the information submitted in this application and supporting documentation is true and correct and acknowledge that universities reserve the right to confirm the information provided and may vary or reverse any admission decision if the information is found to be untrue or incorrect.
- I give consent for the University to contact my treating practitioner and/or other person or organisation named in any supporting documentation to confirm/clarity the information provided and for the practitioner or other person/organisation to provide information relevant to this application. I agree to provide a more specific consent to disclosure of the information should this be required by the organisation.
- I understand that TISC will ensure that all information provided is maintained in strict confidence. However, I give my consent for TISC to provide this information and documents to authorised people at the universities for which I have listed preferences.
- I understand that, within each university, consideration of my application may require discussion with appropriate personnel in areas such as Faculties or Schools, university support services or with panels convened for this purpose but will not be released outside of the relevant area without my prior written consent.
- I understand that the information 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 Date