Application for Special Consideration

Please complete form in BLOCK LETTERS.

The institute
AUSTRALIAN AND NEW ZEALAND INSTITUTE OF INSURANCE AND FINANCE

0265_1111_200

Special consideration is a set of circumstances which disadvantages a student's study program to a serious extent, and results in an inability to sit a scheduled examination or complete an assignment. Special consideration covers a serious medical condition; hardship, trauma or compassionate reasons. However special consideration cannot cover misreading the examination timetable or work commitments.

Applications need to be made no later than 5 business days after the assignment or examination date. All applications must be accompanied by the appropriate documentary evidence, including any original documents and certified copies of documents. These must be received by the Institute before the application can be formally completed. Documents in a language other than English must be accompanied by a certified translation. In Australia, a certified copy is one certified by a Justice of the Peace or a Commissioner for Declarations or a person before whom a Statutory Declaration may be made under the Statutory Declarations Act 1959. If the copy is to be certified in a place outside Australia it should be certified by a person who is the equivalent of a Justice of the Peace or Commissioner for Declarations in that place, eg. A Notary Public. All decisions will be advised by mail or email.

I wish to be considered for special consideration for the following reason

Please select only one

☐ Medical (attach medical certificate) ☐ Personal (attach supporting evidence)

Please give details

Personal Details

Your Master ID (if you do not know your Master ID please find it at www.theinstitute.com.au/learnmore)

Given Name

Middle Name

Family Name

Date of Birth

/ / 19 Y Y

Business Phone ( )

Home Phone or Mobile ( )

Email (work)

Email (home)

I wish to be considered for special consideration for the following Institute Course Modules

Module Name

Module Code (eg. FSI403)

Please transfer me to study period (eg.FT1;SP2):

Module Name

Module Code (eg. FSI403)

Please transfer me to study period (eg.FT1;SP2):

Privacy Statement

The Institute stores your personal information for the purposes of providing education and membership services, improving and promoting its products and services, and meeting education regulatory reporting and compliance requirements. To review the Institute's full privacy policy go to www.theinstitute.com.au/privacy.

Many employers support their staff in their studies and are keen to know their progress. The Institute on occasions is asked to supply student results to employers. Please indicate if you do not wish to have your results released to your employer for this enrolment by emailing customerservice@theinstitute.com.au, quoting your Master ID, the name of the module and advising that you do not agree to the Institute releasing your results to your employer.

Declaration

I declare that to the best of my knowledge the information supplied in this enrolment is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my enrolment may result in withdrawal of any offer of a place and that such withdrawal may take effect at any stage of the course, at the discretion of the Institute. I agree to abide by the Statutes, Rules and Regulations of the Institute.

Signature

Date

Please return this completed enrolment form with correct enrolment fee to the Australian and New Zealand Institute of Insurance and Finance.

Mail to:
Level 8,600 Bourke Street
Melbourne VIC 3000
Australia

Fax to:
(+61 3) 9642 4166

Email:
studentsupport@theinstitute.com.au