

Further Information

Please indicate the type of request

New Application

Revised

If you have previously applied for reasonable adjustments with CICM, please indicate when the application was submitted and the outcome of the application.

Have you previously applied for reasonable adjustments from other educational institutions (e.g. University). *If so, please indicate when and the outcome of the application. Please provide supporting evidence.*

Reason/s for Request

Please include a brief description of the condition or situation of which you are seeking special consideration for. *Details may include: specific diagnosis, timing or duration of condition and the impact of the condition or situation, and how it confers as a disadvantage to your assessment.*

Please specify the outcome/s you are requesting.

Supporting Documentation

Please attach required supporting documentation which will help the Examination Committee assess your request and determine which special arrangements can be applied.

Medical Certificate

Other

Declaration

I have read, understood and agreed to comply with all CICM policies, and in particular:

- IC-23 Appeals, Review and Reconsideration Process

I understand and accept that once reasonable adjustment /special consideration has been offered by CICM, the condition in question cannot be used as the basis for subsequent review or appeals of an examination result.

I certify that the information I have provided in and with this application is correct and complete.

I authorise CICM to contact professional authorities and any party names in support of my application for special consideration for the purpose of verifying any information I have supplied.

Signature

Date