

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

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.

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 a 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