



Ideal International Institute Pty Ltd
RTO NO. 46289 | CRICOS NO.: 04296B
Address: Suite 1510, Level 15, 530 Little Collins Street, Melbourne, VIC 3000
E: idealinternationalinstitute1@gmail.com
W: www.iii.vic.edu.au | Ph: 1300201247
ABN: 16667624124

SPECIAL CONSIDERATION FORM

Student Full Name: _____ Student _____

Email: _____ Phone: _____

Date of Application: _____ Course Name: _____

REASON FOR APPLICATION:

- ☐ Medical condition / illness (*attach medical certificate*)
- ☐ Bereavement of close family member (*attach death certificate*)
- ☐ Serious personal circumstances (*e.g., victim of crime, trauma*)
- ☐ Religious or cultural obligations
- ☐ Natural disaster / emergency event
- ☐ Other (please specify)

Briefly describe your circumstances and how they have impacted your study, assessment, or attendance:

SUPPORTING DOCUMENTATION COMPLETED – Please tick the documents you have attached:

- ☐ Medical Certificate
- ☐ Death Certificate
- ☐ Police report / statutory declaration (if applicable)
- ☐ Trainer/Assessor, or other relevant authority (if applicable)
- ☐ Letter of Support from Manager or Supervisor Trainer/Assessor, or other relevant authority (if applicable)
- ☐ Other; please specify: _____

Student Declaration

I declare that the information provided in this application is true and correct. I understand that:

- Submission of false or misleading information may result in my application being rejected.
- All personal information collected will be handled in accordance with the Privacy Act 1988 and III's Privacy Policy and may be shared with the Australian Government where required under the ESOS Act 2000 and the National Code 2018.

Signature: _____ Date: _____ / _____ / _____

Office Use Only

Outcome: ☐ Approved ☐ Not Approved

Comments / Conditions: _____

Authorised Staff Name: _____

Signature: _____ Date: _____ / _____ / _____