

Exceptional Circumstances and Special Consideration Application Form

Trainee Details

First Name	
Surname	
RANZCOG ID Number	
Phone Number	
Email*	
Date of Submission	
Location	<input type="checkbox"/> NSW/ACT <input type="checkbox"/> QLD <input type="checkbox"/> SA/NT <input type="checkbox"/> VIC/TAS <input type="checkbox"/> WA <input type="checkbox"/> NZ

*RANZCOG Trainee email preferred (if applicable)

☐ I have read and understood the [Exceptional Circumstances and Special Consideration Policy and Procedure](#) and am aware of the supporting documentation required and submission timeframes

Please select the relevant Special Consideration Pathway below

☐ Exceptional Circumstances – Exams / Regulations

Training Requirement	
Training Requirement Date/s	

☐ I have supplied a cover letter outlining the nature of the exceptional circumstance, how it has affected my exam performance and my intention to repeat OR failure to comply with a regulated training requirement.

☐ Extension of Time

Training Requirement	
Current Due / End Date	
Extended Due / End Date	

☐ I have supplied a cover letter outlining the reason for the extension of time request, how it has impacted the submission/end date and my intention to complete.

☐ Technical

Event Date	
Event Name	

☐ I have supplied a cover letter outlining the nature of the technical circumstance, how it has affected my performance and my intention to repeat.
