

Please use this form to apply for reasonable adjustment to exam conditions if you are affected by ongoing illness or difficulty, physical, sensory or learning disability, a medical or mental health condition or other ongoing non-medical adversity. Reasonable adjustments are only valid within the study period the application is made. A new application must be made for each exam the candidate wishes to sit.

For more information see the Candidate Handbook <https://www.taxinstitute.com.au/education/policies-and-forms>. HEPCO Pty Ltd trading as The Tax Institute Higher Education. ABN 30 642 863 787.

Date of issue: September 2021

## 1 Candidate information

Candidate ID:

Title:  Mr  Mrs  Miss  Ms  Other  (please specify) Date of birth:

First name:  Last name:

## 2 Contact information

Please update my details

Company:

Position:

Address:

Suburb:  State:  Postcode:

Country:

Email:

Telephone:  Mobile:

**Privacy:** HEPCO Pty Ltd, trading as The Tax Institute Higher Education (HEPCO), a subsidiary of The Tax Institute ("TTI"), together with TTI collects, uses, holds and discloses personal information in accordance with TTI's Privacy Policy. By submitting your application to HEPCO, you confirm that you have read TTI's Privacy Policy and you consent to your personal information being collected, used and held by TTI and disclosed to third parties in accordance with TTI's Privacy Policy. TTI's Privacy Policy is available at [taxinstitute.com.au/about-us/privacy-copyright-disclaimer](https://www.taxinstitute.com.au/about-us/privacy-copyright-disclaimer).

## 3 Subject details

Name of subject:

Exam date:

Exam location (City/State):

Subject details continued

Please choose grounds for reasonable adjustment application:

- I would like to apply for reasonable adjustment due to medical reasons  
(Medical Certificate must be attached when submitting this form).

Please ensure your health care provider has provided the following information:

- Consultation date(s)  
 Summary of condition including how it has impacted on the candidate's study and/or assessment performance  
 Period the candidate has been or will be affected  
 Specification of the reasonable adjustment requested  
 How assessment of the candidate was obtained (information from candidate or assessment of candidate)  
 Health care providers contact details and signature.

I would like to apply for reasonable adjustment due to other circumstances which were beyond my control:

- Specify what kind of reasonable adjustment is requested.

Please explain the reason for your application detailing the impact on your studies and/or exam performance. Application must be accompanied by relevant supporting evidence.

#### 4 Candidate declaration

I confirm that I have read and accept The Tax Institute Higher Education policies and procedures (see [taxinstitute.com.au/education](http://taxinstitute.com.au/education) for policies).

I confirm that the information provided in the candidate declaration is true and correct and I agree to abide by The Tax Institute Higher Education rules and regulations.

I hereby declare that the information in this application is true and correct. I authorise the investigation of all statements made by me with respect to this application.

Signature:

Date:

DD/MM/YYYY

For further information please contact us on **1300 829 338** or email [taxeducation@taxinstitute.com.au](mailto:taxeducation@taxinstitute.com.au).

**To apply**

**Email** taxeducation@taxinstitute.com.au  
**Mail** Level 21, 60 Margaret Street, Sydney NSW 2000  
**Call** 1300 829 338

**Submit form**