

## About this form

This form allows higher education institutes to apply on an extenuating circumstances basis and demonstrate the extended need for the modifications to ACECQA's supervised professional experience requirements.

The ACECQA Board approved blanket modifications for final year students in the 2020 calendar year, however for final year students in the 2021 calendar year they are dependent upon higher education institutes applying to ACECQA on an extenuating circumstances basis and demonstrating the extended need for the modifications.

If you require more information about extension requests, please call Catherine Gardiner, Manager, Qualifications Assessment on 1300 422 327 or email [apply@acecqa.gov.au](mailto:apply@acecqa.gov.au).

## Organisation Details

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Name of institution

Institution address

CITY	STATE
COUNTRY	

## Contact Details

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Title (Mr, Mrs, Ms, Miss)

Name

Position

Phone

Email

## Program Details

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Title of award

Course code

Faculty/School

Date approved

## Details of Impacted Students

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Number affected

Graduating year

## Rationale to modify the supervised professional experience requirements

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Please provide an outline and rationale for the requested extension. This should include information on how you will ensure that all students still fulfill all the required course outcomes.

 ***Please attach evidence of internal approval of these changes and any relevant evidence supporting your request***

## ACECQA Privacy Notice

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ACECQA will use the information you have provided under section 169(7) of the Education and Care Services National Law Act 2010. Information will be held in line with responsibilities under section 273 (Duty of confidentiality) of the Education and Care Services National Law Act 2010. ACECQA may need to disclose particular information about an application to some third parties to finalise a recommendation. An organisation will be contacted to discuss this process where the matter relates to specific content of a program.

## Declaration and consent

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I, (name)  declare that:

- the information contained in this Application Form and supporting documents is true and correct
- I have read and understood all the information contained in the relevant Qualification Requirements for Program Assessments document
- I understand if false or misleading information is submitted, ACECQA will decline to assess my organisation's application
- I undertake to inform ACECQA of any changes to my organisation's circumstances while my application is being considered
- I authorise ACECQA to make enquiries necessary to assist in the completion of the application for the purpose of verifying details

Signature

Date

DAY	MONTH	YEAR
/	/	

## Submission

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Please submit this form and supporting evidence to: [apply@acecqa.gov.au](mailto:apply@acecqa.gov.au).

Please call ACECQA on 1300 422 327 if you have trouble submitting this form or would like to use our secure document sharing platform.