

Please email your completed form to education@fpa.com.au

| | |
|----------------|---------------------------|
| FPA Member ID: | Unit of Study & Semester: |
| First Name: | Surname: |
| Email: | Phone: |

Please tick the relevant grounds for special consideration:

| | | | |
|---------------------------------|--|--|--|
| Assessment Type | <input type="checkbox"/> Assignment | | <input type="checkbox"/> Exam (if applicable) |
| Reason | <input type="checkbox"/> Medical | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Hardship/Trauma |
| Supporting documentation | <input type="checkbox"/> Medical Certificate | <input type="checkbox"/> Statutory Declaration | <input type="checkbox"/> Statement signed by an appropriate professional |

By signing this form, you are requesting for special consideration in respect to your assessment. Your form and supporting documentation (e.g. medical certificate or statutory declaration) need to be received within the following timeframes:

Assignment – before you submit your assignment (not available for late submissions).

Exam – up to 48 hours after your exam.

Without supporting documentation, your request will not be valid.

PRIVACY

The FPA is committed to ensure the personal information of all members are collected, used, handled, stored and disclosed in compliance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

The FPA's Privacy Statement (also referred to as Privacy Policy) (available online at <http://fpa.com.au/privacy>, or upon request) outlines the way in which the FPA will comply with the obligations under the Privacy Act, including an outline on the kind of personal information that will be collected and held, how personal information is collected and held, the purpose of the collection of personal information, how an individual can access personal information and the way in which the FPA will store and disclose personal information.

In the course of FPA activities, the FPA collects and holds personal information. Please be aware that the main purposes for collecting that personal information include those set out in FPA's Privacy Statement. Please ensure that you read this Privacy Statement prior to completing this form.

DECLARATION

☐ I hereby declare that the statements made in this application are complete and true.

☐ I acknowledge that I have read and understood the FPA Privacy Statement/Privacy Policy, as amended from time to time. I consent to the collection, use and disclosure of any information provided in this form and otherwise held or acquired by FPA in accordance with and for the purposes outlined in the Student Privacy Statement contained within the CFP® Certification Program Handbook. I have read and agree to all the policies, procedures, and rules as outlined in the CFP® Certification Program Handbook as well as those on the FPA website at www.fpa.com.au/privacy.

Your signature:

Date: