

Special Consideration Form



Date:			
Student Name:			
Contact Number:			
I am applying for Special Consideration due to:	<input type="checkbox"/> Illness	<input type="checkbox"/> Early Leaving	<input type="checkbox"/> Extended Time Off
	<input type="checkbox"/> Late Arrival	<input type="checkbox"/> Personal Issues	<input type="checkbox"/> Other <i>(please outline below)</i>
Please outline the reasons for Special Consideration:			
Please outline the dates you will need for Special Consideration:			
Please outline evidence that will be provided for your Special Consideration:			
Student Signature:		Date:	

Office Use Only			
Has permission been granted by the trainer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trainer Signature:		Date:	
Additional Comments			