



ROYAL BUILDING ACADEMY

SPECIAL CONSIDERATION FORM

Student Full NAME: _____ Student ID: _____

Email: _____ Phone: _____

Date of Application: _____ Course Name: _____

Reason For Application:

- ☐ Medical condition / illness (*attach medical certificate*)
- ☐ Bereavement of close family member (*attach death certificate*)
- ☐ Serious personal circumstances (*e.g., victim of crime, trauma*)
- ☐ Religious or cultural obligations
- ☐ Natural disaster / emergency event
- ☐ Other (please specify)

Briefly describe your circumstances and how they have impacted your study, assessment, or attendance:

Supporting Documentation Completed – Please tick the documents you have attached:

- ☐ Medical Certificate
- ☐ Death Certificate
- ☐ Police report / statutory declaration (if applicable)
- ☐ Trainer/Assessor, or other relevant authority (if applicable)
- ☐ Letter of Support from Manager or Supervisor Trainer/Assessor, or other relevant authority (if applicable)
- ☐ Other; please specify: _____

Student Declaration

I declare that the information provided in this application is true and correct. I understand that:

- Submission of false or misleading information may result in my application being rejected.
- All personal information collected will be handled in accordance with the Privacy Act 1988 and RBA's Privacy Policy and may be shared with the Australian Government where required under the ESOS Act 2000 and the National Code 2018.

Student Signature: _____ Date: _____ / _____ / _____

Royal Building Academy Pty Ltd trading as Royal Building Academy

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RTO no: 46138 | CRICOS no: 04216G

Address: 218 Station Street, Norlane, Victoria 3214 | ABN: 73 645 577 475

Ph: 1300379959 | Email: info@rba.vic.edu.au | Website: www.rba.vic.edu.au

Office Use Only

Outcome: ☐ Approved ☐ Not Approved

Comments / Conditions: _____

Authorised Staff Name: _____

Signature: _____ Date: _____ / _____ / _____