

Explain the reason/s for your application

(eg. you are required to take prescribed medication for treatment of a diagnosed medical condition)

Specify the outcome you are requesting

(eg. allowance for you to bring prescribed medication to the assessment/exam)

Explain how you think the special arrangements can be accommodated by the RACGP

(eg. you will present your medication to exam staff for approval before the exam; the medication will be on your desk in view of exam staff throughout the exam; you may take your medication as required)

Provide evidence of the special arrangements currently being accommodated in the practice setting, if any

All applications for special arrangements must be accompanied by appropriate supporting documentation. Applications on **medical grounds** must be accompanied by a medical certificate on RACGP template from your treating practitioner. The medical certificate can be accessed [here](#).

For details of the required evidence and supporting documentation, please refer to the [RACGP Assessments and Examinations Special Arrangements Guidance Document](#).

For further guidance on the available special arrangements for nursing breaks, please refer to the [Provisions and procedures for nursing breaks during RACGP Assessments and Examinations](#).

Declaration:

I have read, understood and agreed to comply with all [RACGP policies](#), and in particular,

- i. [RACGP Assessments and Examinations Candidate Handbook](#)
- ii. [RACGP Assessments and Examinations Special Arrangements Policy](#)
- iii. [RACGP Assessments and Examinations Special Arrangements Guidance Document](#)
- iv. [Provisions and procedures for nursing breaks during RACGP Assessments and Examinations](#)

I certify that the information I have provided in and with this application is correct and complete.

I authorise the RACGP to contact professional authorities and any party named in support of my application for the purpose of verifying any information I have supplied.

I understand that the submission of plagiarised, false or misleading information will be handled as per the [Academic Misconduct Policy](#).

I understand that the failure to disclose any restrictions on, or changes to, my medical registration to the RACGP will be handled as per the [Academic Misconduct Policy](#).

Signature

Date

Privacy statement

The RACGP's Privacy Policy reflects the recent changes in Federal and State privacy legislation and is available at [here](#).

Further information

Please contact the RACGP Assessment Operations team:

T: 1800472 247 | E: examinations@racgp.org.au