



**Specify the outcome you are requesting**

(e.g. extra exam time to complete the exam)

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

(e.g. extra exam time will be managed by exam staff)

**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](#).

## Declaration

I have read, understood and agreed to comply with all **RACGP policies**, and in particular,

- i. **RACGP Assessments and Examinations Candidate Handbook**
- ii. **Assessments Special Arrangements Policy**

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 [here](#).

---

## Further information

Please contact the RACGP Assessment Operations team:

T: 1800 472 247 | E: [examinations@racgp.org.au](mailto:examinations@racgp.org.au)

Version: 1

Date of Publication: 13 July 2023

Form Owner: Fellowship Exams