

Special arrangements application form



Education Services

Before submitting your application please read the [RACGP Assessments and Examinations Candidate Handbook](#), the [Assessments Special Arrangements Policy](#) and the [Authorised items](#).

Applications must be submitted via email to examinations@racgp.org.au with the following subject line
Applicant's RACGP ID – Applicant's full name – Year (eg 2023.2) exam (eg KFP & AKT)
Special Arrangements Request.

Applications without supporting documentation or which are not submitted according to these guidelines will not be considered.

Personal details:

Title First name Surname

Email

RACGP no.

Phone number

Applied Knowledge Test (AKT)

Key Feature Problem (KFP)

Clinical Competency Exam (CCE)

Candidate Assessment and Applied Knowledge Test (CAAKT)

Multiple Mini Interviews (MMIs)

Assessment or examination date:

Explain the reason/s for your application

(eg you need an additional 30 minutes exam time due to a medical condition)

Specify the outcome you are requesting

(eg extra exam time to complete the exam)

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

(eg 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 have attached a medical certificate in the **RACGP template** (if applying on medical grounds).

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