

# Special exemption application

Education Services



## Personal Details

Name

RACGP ID

Mobile

Telephone

Email

(If applicable) Training Region

(If applicable) Name of Training Coordinator

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From which policy are you requesting a special exemption?  
Please list the specific clause/s, if applicable.

Applicants must provide proof to establish the grounds for a special exemption.  
Please detail the reasons and surrounding circumstances for your application.

Why do you believe the above reasons warrant a special exemption from RACGP policy?

**All applications must be accompanied by relevant supporting documentation.**

- Applications on medical grounds must be accompanied by a medical certificate from the applicant's treating health practitioner, including the following details:
  - consultation date
  - diagnosis
  - severity of the medical condition, including likely duration
  - health practitioner's opinion on the adjustments that should be made by the RACGP

The treating health practitioner must not be a family member, close associate or colleague of the applicant, or a candidate in the same assessment or examination.

- Applications on all other grounds must be accompanied by a statutory declaration, including the following details:
  - applicant's circumstances giving rise to the application for a policy exemption
  - applicant's reasons for why they believe these circumstances warrant a policy exemption

For examination special exemption requests please email the completed application to [examinations@racgp.org.au](mailto:examinations@racgp.org.au).

For other special exemption requests please email the completed application to [education.appeals@racgp.org.au](mailto:education.appeals@racgp.org.au).

Applicants may be required to provide further information or documentation, as requested by the RACGP.

Applications will not be accepted if they are not accompanied by appropriate supporting documentation.

**All special exemption applications are considered on a case-by-case basis, and granted at the RACGP's discretion.**

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## Declaration

I have read, understood and agreed to comply with all [RACGP policies](#), and, in particular, the policy from which I am request a special exemption.

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

I certify that I have submitted all appropriate supporting documentation with this application.

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

Your signature

Date

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## Declaration

The RACGP's Privacy Policy reflects federal and state privacy legislation and is available on the [RACGP website](#).

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