

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 ID

Phone number

- ☐ Applied Knowledge Test (AKT)
- ☐ Key Feature Problem (KFP)
- ☐ Clinical Competency Exam (CCE)

Assessment or examination date:

Explain the reason/s for your application
(eg Medical condition, religious observance, personal circumstances etc)

Specify the exact outcome you are requesting

(eg how much additional time, the frequency of breaks, what special equipment)

Note: For AKT/KFP any approved breaks will have fixed timing. You will be provided with a timetable in your outcome which must be followed and cannot be rejected or altered on the day.

Do you have any special arrangements currently being accommodated at your practice?

Yes No (if Yes provide details of the special arrangements)

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