

REASONABLE ADJUSTMENT APPLICATION



PLEASE READ THESE INSTRUCTIONS CAREFULLY

In accordance with CPA Australia's Reasonable Adjustment Policy, this application form is for individuals who wish to be assessed for Reasonable Adjustment for their examination.

Applicants should submit this form after enrolling in their subject and by the **closing date** listed on our website. Late applications for Reasonable Adjustment may not be able to be accepted.

All applications must be supported by relevant documentation signed and stamped by the applicant's medical practitioner. The declaration on this form must be signed both by the applicant and their medical practitioner.

(A) YOUR PERSONAL DETAILS

| | | | |
|-------------------|---------------------------|--|--|
| Membership number | | | |
| Title | First name | | |
| Last name | Preferred name (optional) | | |
| Telephone | Date of Birth | | |
| Email address | | | This is mandatory. Please ensure that your personal details match your member profile with CPA Australia and are written clearly |

(B) DESCRIPTION OF CONDITION

(C) REASON FOR THE REQUESTED REASONABLE ADJUSTMENT (SPECIFIC DETAILS REQUIRED)

(D) HOW THE CONDITION IMPACTS THE APPLICANT'S ABILITY TO SIT THE EXAM

(E) REQUESTED REASONABLE ADJUSTMENT

Use of Equipment: Please specify:

Extra exam time: Minutes

Additional break time: Minutes

Other: Please specify:

(F) MEDICAL CERTIFICATE TO SUPPORT REASONABLE ADJUSTMENT APPLICATION

You will need to provide evidence to support your application. This may include a medical certificate, your most recent medical evaluation or other relevant information. Only a medical practitioner or healthcare provider may complete this section.

TO BE COMPLETED BY MEDICAL PRACTITIONER/HEALTH CARE PROVIDER

Consultation date(s)

Summary of condition including how the candidate's study and/or exam performance will be affected:

Please indicate how long this documentation is valid for:

6 months 1 year 2 year 3 years or more

Please note, for ongoing conditions, CPA Australia may request updated documentation every 3 years. Please also be aware that CPA Program exams are mostly delivered as test-centre computer-based exams.

Do you support the candidates request for the reasonable adjustments outlined in Section E?

Yes No

If you selected no, please advise your recommendations:

Medical practitioner/
Provider's name

Medical practitioner/Provider's stamp

Medical practitioner/
Provider's number

Practice address

Suburb or City

State, Province
or Region

Postcode or ZIP

Country

Practitioner/
Provider's signature

Date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
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| DOCUMENT NUMBER (1, 2, 3) | DOCUMENT TITLE (E.G. MEDICAL CERTIFICATE) | DOCUMENT DATE |
|---------------------------|--|---------------|
| | | |
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(G) DECLARATION

I confirm the details provided in this application are true and correct and understand that any Reasonable Adjustment(s) will be granted at CPA Australia's discretion based on the information provided. False information may result in cancellation of your Reasonable Adjustment or referral to Professional Conduct. I also agree to surrender flexibility in scheduling my own exam if CPA Australia approve any Reasonable Adjustment(s).

Applicant's signature

Date / /

NEXT STEPS

You must scan your application and supporting documents and email to: reasonable.adjustments@cpaaustralia.com.au. Any enquiries about your application must also be forwarded to this address.

Once your application has been assessed by CPA Australia, you will be contacted by email to advise the outcome. Your outcome will be communicated via email to the email address provided. This usually occurs within ten business days of receipt of a completed application. If your application is incomplete you may experience a delay in receiving an outcome as we contact you to seek additional information.

Further information on CPA Australia's Reasonable Adjustment policy can be found on our website: cpaaustralia.com.au/adjustments