Royal Australasian College of Surgeons

Application for reasonable adjustments

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Please read the **Reasonable Adjustments for an Examination Assessment** policy available on the RACS website: **https://www.surgeons.org/Examinations/examination-policies-and-forms** before applying.

Applications must be submitted via email to **examinations@surgeons.org** with the following subject line: RACS ID – Full name – MM/YY Exam, Reasonable Adjustment Request *(e.g. "123456, Sam Smith, 05/20 FEX Reasonable Adjustment Request")* at the time of registering for an examination.

Applications submitted without the required supporting documentation will not be considered

Personal details:

RACS ID   First Name   Surname

Email

Address   Mobile

State _____   Postal code _____   ☐ Australia   ☐ New Zealand

Examination details:

Please select the examination your application relates to:

☐   Generic Surgical Sciences Examination (GSSE)

☐   Clinical Examination

☐   Specialty Surgical Sciences Exam (SSE)   _____

☐   FEX Written component   _____

☐   FEX Clinical/viva component   _____

Date _____   Venue _____

Supporting documentation:

☐   *Medical Certificate*   ***Note****: The medical practitioner supplying the certificate must not be a relative or family friend and should have a professional doctor-patient relationship with the applicant. The certificate should detail the medical issue, its duration and effect on the application and, any recommendations for reasonable adjustments.*

☐   *Other*   ***Note****: Statutory declaration, or any other document or evidence to support a request.*

Condition:

Please detail the circumstance to be accommodated   (e.g. details of diagnosis of long-term illness or condition, recovering from short-term illness, etc.).

Adjustments:

Please outline the arrangements to be made (e.g. accessible formatting for reading, physical/mobility requirements, other).

Declaration:

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

- I have read the RACS **Reasonable Adjustments for an Examination Assessmen**t policy.

- I authorise RACS to contact professional authorities and any party named in support of my application for special consideration for the purpose of verifying any information I have supplied.

Signature   Date

RACS Office Use

Date received

Comments

Verified

Determination   Granted   Rejected

Manager Signature