

Applicant Name:	
Student No.:	
Contact Details:	
Employer (trainee or apprentice only):	
School (school-based applicant only) School Contact:	
Unit of Competency:	
Assessment Item/s:	

Request:

Time extension: I wish to apply for an extension of ____ days (or until / /)
Reason for time extension (attach doctor's certificate or other relevant documentation)

Assessment instrument modification
Reason for modification request:

Other as described below:

Student's signature: _____ **Date:** / /

Students: Please have this form completed and attach it to your assignment when you hand it in.

Consideration/Modification

- Granted
 Not granted
 Granted with the following conditions
-
-

Teacher's Name:

Signature of Teacher: **Date:** / /

..... **Date:** / /

Signature of Operations Manager

The Department of Employment and Training is collecting the information on this form to comply with the Australian Quality Training Framework Standards. The information collected on this form will be used enable the Program Area to give consideration to a modification to your assessment. Only Authorised departmental officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, or unless authorised by law.