



Request for Refund or Test Date Transfer Form

Supporting documentation/evidence: Medical

(This form must be accompanied by an original medical certificate.)

Professional Practitioner Certificate (to be completed by medical practitioner)

Date/s of consultation:

Candidate affected on the test day (please tick appropriate choice):

- Totally unable to sit exam specify period
- Very severely affected but able to sit exam specify period
- Severely affected but able to sit exam specify period
- Moderately affected but able to sit exam specify period
- Slightly affected but able to sit exam specify period
- Unable to assess ability to sit exam specify period

Candidate affected at some time prior to the test day (please tick appropriate choice):

- Totally unable to sit exam specify period
- Very severely affected but able to sit exam specify period
- Severely affected but able to sit exam specify period
- Moderately affected but able to sit exam specify period
- Slightly affected but able to sit exam specify period
- Unable to assess ability to sit exam specify period

Remarks: nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

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Practitioner's name:

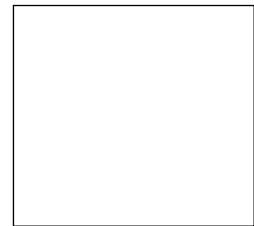
Address:

Phone number:

Provider number: (if applicable):

Signature:

Date: (dd/mm/yyyy)



Stamp:

Supporting documentation/evidence: Other (police report, military service notice, death notice).

Please specify and attach relevant documentation/evidence

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The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form it may not be possible for the test centre to process your request.