

Extension Application Form

This form is used to notify CEAV Institute of your intention to apply for an **Extension** for a course or unit of competency.

Understanding Extension Conditions

If there have been circumstances that have made it hard for you to meet the due date of your assessment, you should consider submitting an Extension Form. Please discuss your situation with your trainer in the first instance and then select the box(s) below which apply and attach any relevant supporting documentation, eg: medical forms

- Medical condition(s)
- Personal reasons
- A disability or long-term medical or mental health condition
- Primary carer responsibility for a family member with a disability or long-term medical or mental health condition
- An unavoidable cultural or religious commitment that falls on the day of an assessment due date
- An illness or other unavoidable exceptional circumstance that affects your preparation for an assessment task
- Unexpected short-term physical or other unexpected circumstances outside your control, such as:
 - a serious accident,
 - hospital admission,
 - unexpected carer responsibility for an immediate family member,
 - death of a close family member or friend,
 - assault, family breakdown or being the victim of a crime,
 - severe disruption of living arrangements,
 - financial hardship, such as sudden loss of employment or income.

PLEASE NOTE: An extension of up to 14 days is generally granted for eligible applicants.

Extension Application Form

Student Details

First name:		Last name:	
Mobile number:			
Address:			
Email address:			

Extension for Course Details

Qualification Code:		Qualification Title:	
Unit Code and Title:			
Assessment Task: (If applicable)			
Original Due Date:			

Student Comments

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Anticipated date for submission of your overdue assessment task/s:

Date:

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Student Confirmation

I confirm that to the best of my knowledge, all the details and evidence provided on this form are correct.

Student's Name:

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Date:

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Student's Signature:

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Trainer Confirmation

Trainer's Name:

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Date:

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Trainer's Signature:

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Extension Application Form

Office Use Only – Approved by:

Application approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Student Notified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
RTO Representative's Name:			
RTO Representative's Signature:			
Evidence attached to this application: (if applicable)	<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Other documentation	Date:	
Student's File Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
VETtrack Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	