

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. You must apply for an extension at least 3 working days prior to the assessment deadline.

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

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☐ Medical condition(s)☐ Personal reasons			
☐ A disability or long-term medical or mental health condition			
$\hfill\square$ Primary carer responsibility for a family member with a disability or long-term medical or mental health condition			
\square An unavoidable cultural or religious commitment that falls on the day of an assessment due date			
$\hfill\square$ An illness or other unavoidable exceptional circumstance that affects your preparation for an assessment task			
\square 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, doubt of a close family member or friend.			
 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(s):				
Unit Title(s):				
Original Due Date:				
Student Comments				
Anticipated new date for sub Booklet:	mission of your overdue Assessment	Date:		
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:		Date:		
Student's Signature:				
Trainer Confirmation				
Trainer's Name:		Date:		
Trainer's Signature:				

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Office Use Only				
Application approved:	□ Yes □ No	Date:		
Student Notified:	☐ Yes ☐ No	Date:		
RTO Representative's Name:				
RTO Representative's				
Signature:				
Evidence attached to this	☐ Medical Certificate	Date:		
application: (if applicable)	☐ Other documentation	Date.		
Student's File Updated:	☐ Yes ☐ No	Date:		
VETtrack Updated:	□ Yes □ No	Date:		