AUSTRALIAN AND NEW ZEALAND
COLLEGE OF VETERINARY SCIENTISTS

EXTENUATING CIRCUMSTANCES POLICY

Policy number	6.9.2	Version	2
Drafted by	Z. Lenard, C. Guy	Approved by Council on	3 July 2019
Responsible person	CEO	Updated on	22 October 2026
		Scheduled review date	2031

Purpose

The purpose of this policy is to set out the circumstances under which Candidates may defer or resit (an) examination component(s) in the event of appropriately documented extenuating personal circumstances without incurring additional College fees.

This policy covers:

- Both Membership and Fellowship Candidates
- Written, oral and practical examination components

If there is any uncertainty about any aspect of this policy, contact the CEO or Examinations Officer through the College Office.

Policy

Examination Candidates who are **unable to prepare for and complete** any or all components of a Membership or Fellowship examination because of a serious medical or critical personal circumstance, may apply for permission to attempt the examination component at the next examination sitting without incurring additional fees.

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EXTENUATING CIRCUMSTANCES PROCEDURES

Responsibilities

It is the responsibility of the College office Examinations team to communicate with candidates. The Chief Executive Officer is responsible for assessing the applications.

Procedures

Candidates who **sit (an) examination component(s), but whose performance may have been impaired** because of a serious medical or critical personal circumstance, may apply for permission to attempt the examination component at the next examination sitting. If the application for consideration of extenuating circumstances is successful, the affected component(s) will not be marked.

- Critical personal circumstances are those which have a "substantial" effect on the "normal" functioning of the candidate for a significant portion of the study period or the examination day. Critical personal circumstances include (but are not limited to) illness, injury and bereavement.
- Critical personal circumstances occurring more than four weeks before the examination date will not normally be considered.
- If the application is successful the candidate will be offered an examination of the affected component(s) at the next planned offering in the following year, or two years later for subjects offered every second year.
- Examinations will not be offered outside of the normal examination periods.
- All applications require certification by an appropriate registered health professional and must be made on the application form (Appendix A).
- All applications must be made within 14 days before and 2 days after the examination component(s) affected, except at the discretion of the CEO.
- The CEO will consider all applications on a case-by-case basis according to this policy. No guarantees of an application's success can be made.
- In the event that a determination cannot be made, the CEO will call on the Chief Examiner and President to determine the application.
- The maximum period for completion of all components of the examination may, or may not, be extended at the discretion of the Chief Examiner on a case-by-case basis.
- The CEO and Chief Examiner will provide a report to Council annually outlining the number of applicants with the aim of reviewing the validity of the policy.

Related Documents

- Membership Candidate handbook
- Fellowship Candidate handbook

APPENDIX A

Application for Consideration of Extenuating Circumstances

PART 1 - TO BE COMPLETED BY THE APPLICANT

Last Name: _____ First Name:_____

Address: _____

_____

Subject: _____

I wish to apply for extenuating circumstances for the following examination component(s)

Examination component (written paper 1/written paper 2/practical/oral)	Date of examination

Explain the nature of your serious medical or critical personal circumstance and the type, degree and duration of effect on your examination preparation or ability to attend the examination. Please include relevant dates. Please attach any extra pages if needed.

_____

_____

_____

_____

_____

_____

_____

_____

_____

I give my consent for any relevant details of sickness or personal circumstances to be divulged to members of Council, Board of Examiners, and the necessary College office staff.

Signed: _____ Date: _____

PART 2 - CONFIDENTIAL REPORT TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL

I was consulted by_____on_____ and certify that the candidate suffered the following serious illness, injury, bereavement, or other critical personal circumstance on the day of the examination or within four weeks prior to it:

_____

_____

_____

Please indicate the level of impairment you assess the candidate to be suffering using the check boxes below and additional notes if necessary. The more information you can provide that relates to the circumstances of the application, including your opinion on the impairments' impact on the candidate's preparation for the examination or their ability to attend on the day, the easier it will be for the College to make an informed decision.

Degree of impairment*	**Dates the candidate was affected**
Very serious impairment, such that the candidate was unable to attempt and/or prepare for the assessment	
Serious impairment, such that the candidate was probably unable to attempt or prepare adequately for the assessment	
Moderate impairment, such that candidate was able to attempt and prepare for the assessment, with substantial reduction in performance likely	
Mild impairment, such that candidate was able to attempt and prepare for the assessment, with some reduction in performance likely	
Little or no impairment, such that candidate was able to attempt and prepare for the assessment, with performance minimally affected	

*the Candidate may have had different degrees of impairment on different days

Name_____Date_____

Qualifications / Membership of Professional Body:_____

Address:_____

_____

_____

Phone number: _____ Provider or registration number: _____

I certify that I was consulted within the scope of my practice and am not a family member nor involved in a close personal relationship with the patient.

Signature_____

PLEASE AFFIX YOUR COMPANY STAMP HERE