



Before completing this form, please read the Special Examination Arrangements Policy.

Applicant details

Title: First name: Middle name:

Last name:

Email:

Daytime Phone Number: Student Number:

Subjects Enrolled:

A student may apply for special examination arrangements on the grounds of a disability or a medical condition.

You must attach Part A after you have completed the consent. Part B is to be completed by your treating medical practitioner.

Signature of applicant (*a digital signature is acceptable*)

Date (*dd/mm/yyyy*)

Lodging your completed form

Please lodge your form to lpabexams@justice.nsw.gov.au

Closing date: 4 weeks before the exam start date. Eg. If exams start on Thursday 2 September, closing date is Thursday 5 August.

A late application may only be accepted in emergency circumstances that were not known to the applicant at the time of the lodgement deadline.

Office Use Only

Receipt of application acknowledged

Date (*dd/mm/yyyy*):

Applicant notified of result (and arrangements made)

Name:

Signature:

Date signed (*dd/mm/yyyy*):

Special Examination Arrangements

on the grounds of disability or a medical condition
(ongoing or once-only arrangements)

Part A: Consent by Student

I, hereby consent to
Name of Student

releasing relevant information about me
Name of Medical Practitioner

to the Legal Profession Admission Board for the purpose of verifying and/or clarifying the details set out in Part B about my disability/medical condition and the medical practitioner's recommendations about special examination arrangements for me.

Signature of student (*a digital signature is acceptable*) Date (*dd/mm/yyyy*):

Part B: Report by Medical Practitioner

Part B is to be completed by a medical practitioner who is familiar with the student's condition and is qualified to make an assessment of the condition.

Important Note for the Medical Practitioner:

The Legal Profession Admission Board administers a Diploma in Law Course, and may make special arrangements for examinations to accommodate a student who has a disability or a medical condition, subject to medical evidence.

Your report will assist the Board in determining the appropriate special arrangements for the above-named student.

Each examination lasts for 3 hours and 15 minutes. Students are permitted 'open book' access to any hard copy or digital materials.

Medical Practitioner's Details

Title of Practitioner: Name of Practitioner:

Provider Number: Qualification/Occupation:

Name of Practice:

Address of Practice: Suburb: Postcode:

Phone Number of Practice:

Email address of Practice:

About the student

Full Name of Student:

About the condition

Outline the disability/medical condition:

Likely duration of disability/medical condition:

Permanent

Episodic

Temporary

Effect of conditions on exams

Outline how the condition may affect the student's ability to sit an exam:

Assess the severity of impact on performance:

Slight

Moderate

Severe

Recommended special arrangements

What special arrangements do you recommend to enable the student to sit an exam and to do so equitably as for other students? Please be specific.

Examples of special arrangements which the Board has previously granted to students include:

- allowance for specific breaks and/or specific additional time to complete the exam
- permission to bring specific food, medicine or medical apparatus
- provision of a reader/writer (to read aloud for the student and to write on his/her behalf).

Signature of Medical Practitioner (*a digital signature is acceptable*)

Date (*dd/mm/yyyy*)