



# Application for Special Examination Arrangements (September 2021 exams only)

Legal Profession Admission Board

Level 4, 37 Bligh Street Sydney 2000 | PO Box 3980 Sydney 2001  
Telephone: 02 9338 3500 | Email: lpabexams@justice.nsw.gov.au  
Website: www.lpab.justice.nsw.gov.au

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

Any approved special arrangements will apply only to online exams to be held in September 2021 and will not be ongoing.

## Applicant details

Title:  First name:  Middle name:   
Last name:   
Email:  Exam Centre:   
Contact Phone Number:  Student Number:

I confirm I am eligible to sit for exams in the subjects below:

## I am applying:

- on the grounds of a disability or medical condition**  
You must attach Part A after you have completed the consent and Part B after you have arranged for the report to be completed by your treating medical practitioner.
- on the grounds of technological or accommodation barriers**  
You must attach Part C, after you have entered your reasons and proposed special arrangements, and signed the declaration.
- to confirm I need my previously-approved special exam arrangements**  
If you have been given ongoing approval and still need your special exam arrangements for September 2021 exams, simply tick this box and then sign the form.
- to suspend my previously-approved special exam arrangements**  
If you have been given ongoing approval and wish to suspend your special exam arrangements (only for the September 2021 exam period), simply tick this box and then sign the form.

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

*Date (dd/mm/yyyy)*

## Lodging your completed form

Once completed, email this form to lpabexams@justice.nsw.gov.au **no later than Monday 9 August 2021.**

## 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  
(September 2021 exams only)

## 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.

Please note that, due to the COVID-19 pandemic, the Board's exams in September 2021 will be held in the form of an online exam. This means that students:

- may sit the exam in their own home, or any other suitable quiet space they are able to arrange
- will need to use a computer with an internet connection to sit their exam
- will be required to type their answers and submit online
- will have the usual 3 hours 15 minutes to complete each exam.

### 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 online 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 online 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/or to write on his/her behalf). This may not be feasible online.

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

*Date (dd/mm/yyyy)*

# Special Examination Arrangements

on the grounds of technological or accommodation barriers  
(September 2021 exams only)

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## Part C: Declaration by Student

Complete Part C if you consider you would be disadvantaged in an online exam due to:

- lack of access to adequate technology, and/or
- lack of access to a quiet space in which to sit the exam, and/or
- other relevant reasons (aside from medical or disability reasons, in which case you should instead complete Part A and arrange for a medical practitioner to complete Part B).

In your declaration below you are asked to:

- explain your reasons for seeking special arrangements for an online exam, and
- outline the special arrangements that you are seeking.

### Special arrangements sought and reasons)

I,  do solemnly and sincerely declare that  
*Name of Student*

and I make this solemn declaration conscientiously believing the same to be true.

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

*Date (dd/mm/yyyy)*