

# **Pre-Allocation Request**

Student Information

Name (Last, First)	Student ID
Street Name, Suburb, State	Course
	@mymail.unisa.edu.au
Primary Phone Number	Email Address

This form is to be lodged <u>no later than the deadline provided by the Clinical Placement Unit or Academic Unit.</u> Forms received following the cut-off date will only be considered in exceptional circumstances. In the lined area provided below, please outline your reason for submitting this request and **attach supporting documentation**.

# Type of Request

#### Please select only one of the options below

#### □Pre-Allocation Request

Select the box above if your request does not comply with section 5 (i) of the <u>Clinical Placement Policy</u>, but you would like your request to be considered prior to being allocated to a placement site. In the lined area provided below, please outline your reason for submitting this request. Supporting documentation is not compulsory.

## □Special Consideration

Select the box above if you believe that your request complies with section 5 (i) of the <u>Clinical Placement Policy</u>, in the lined area provided below, please outline your reason for submitting this request and **attach supporting documentation**. \*Please note that Special Consideration requests will only be considered in the following circumstances:

- Students with an access plan
- Students who are the registered Carer for a sick or disabled dependent child or relative, with documented evidence
- Students with a major health problem requiring frequent and specialised treatment which is only available at certain locations, with documented evidence
- Other highly extenuating medical, compassionate or special circumstances outside of the control of the student, and where there was no opportunity to plan ahead, such as those outlined in the <u>Variations to Assessments</u> <u>Procedure</u>, specifically Clause G

Important\* In order for your **Special Consideration** application to be considered please attach supporting documentation when submitting this form. Where the request involves a medical and/or disability, the CPU will discuss your request with the course coordinator to ensure special placement needs can be met. In some cases, students with a medical certificate noting placement limitations, may be asked to provide a more detailed medical opinion on their fitness for placement.

## $\hfill\square$ I have read and understand this information



Student Signature

Date

For Administrative Use Only:							
Action taken:	□ Approved	□ Considered	Not Approved				
	🗆 Student Reco	ord Updated		Date CPU Received			
Assessed by:		□ Duration of Program	□ Expires://	Date:			
Comments:							