## Extension Application - Assessment Form

*Please complete all fields on this form. Ensure you sign and date this form prior to submitting your application.*

### About this form

#### Use this form:

* To request for an extension to your assessment due date for up to two weeks.

#### Do not use this form to:

* Request an extension for your course end date. Please use the Extension Application – Course form instead.

### There are 4 sections to this form

* Section 1 | Student details
* Section 2 | Course details
* Section 3 | Reason for applying for extension
* Section 4 | Disclaimer

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| --- | --- |
|  | **This icon indicates that additional information must be attached to the application.** |

### Submitting the form

You can apply for an extension by emailing this completed form directly to your Lead Trainer.

Your form must be accompanied by the required attachments. Incomplete forms or forms completed incorrectly will not be processed and will be returned to the student to complete correctly.

A response notifying you of your applications outcome will be issued within 48 hours of receipt of your completed application form.

### Help with this form

For assistance with completing this form, please contact Student Services by email to [goodstart@goodstart.edu.au](mailto:goodstart@goodstart.edu.au). You can also call us on 1800 617 455.

### Section 1 | Student details

|  |  |  |  |
| --- | --- | --- | --- |
| **Student number** |  |  | |
| **First name** |  | **Last name** |  |
| **Email Address** |  | **Mobile** |  |

### Section 2 | Course details

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | Certificate III in Early Childhood Education and Care  Diploma of Early Childhood Education and Care  Other (specify): | | |
| **Extension Application Type** | First application  Second application | | |
| **Cluster being studied** |  | **Cluster due date** |  |

### Section 3 | Reason for applying for an extension

In order for your application for extension to be processed, please provide a valid reason for your request.

|  |  |
| --- | --- |
|  | If you are applying for an extension due to a compelling situation or under compassionate grounds, you are required to submit evidence of these situations along with this document |

|  |
| --- |
| **Please provide your reason for extension below:** |

### Section 4 | Disclaimer

* This form is an application for an extension only and does not guarantee you will receive an extension for your studies.
* Failure to submit all required information with this form will result in your application for extension being declined.
* Declined applications will result in your assessment due date remaining. Failure to submit your assessment by this date will result in your first assessment attempt being deemed ‘Not Satisfactory’ as per the Extensions Procedure.

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Student signature Student name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date