# REQUEST FOR SPECIAL EXAMINATION CENTRE

This form is to be complete by senior secondary students where they are unable to sit an exam at a regular exam centre in Tasmania. It must be returned to TASC with the appropriate (non-refundable) payment by **no later** than **I July of the current exam year**, otherwise a special examination centre **MAY NOT** be able to be established. Exemptions for exams and derived examination rating will **not** be granted if an exam centre cannot be established.

### PERSONAL INFORMATION:

TASC ID code:	
Student's name:	
Date of Birth:	
Postal address:	
Contact number(s):	
Email address:	
School/College attended:	
Examination location (e.g. State/Country)	

The following must be include with your application:

- ✓ One form of proof of identity (e.g. copy of drivers licence, proof of age card, passport or birth certificate) note a copy of this identification will be passed on to the exam centre for verification when entering the examination room.
- ✓ Payment (please see over page for payment options)

#### COURSES TO BE EXAMINED:

COURSE CODE:	COURSE NAME:

#### Please note:

The student is required to sit the examination(s) at the same time it is being held in Tasmania (within Australia) or within 24 hours of that time (overseas students only)

The student will be required to complete a statutory declaration stating that they have had no contact, direct or indirect, with any candidate undertaking the same examination(s) in any interval which may have occurred between the examination(s) being held.

The student accepts responsibility for paying any supervision costs directly to the supervising institution.



## DETAILS OF INSTITUTION YOU WOULD LIKE TO SIT YOUR EXAMINTION(S):

Name of Institution:	
Name of contact person:	
Street address:	
Contact number(s):	
Email address for contact:	
	ON-REFUNDABLE):  des GST) per centre plus supervision fee, if applicable des GST) per centre plus supervision fee, if applicable
PAYMENT OPTIONS: (  Requests cannot be processed un  Cash (in person only	til payment is received
Card number:	
Expiry:	CCV*
☐ MasterCard ☐ Visa	*(last 3 digits on back of credit card)
Name on card:	Date:/
Signature of Cardholder:	
APPLICATIONT'S DECL	ARATION:
have read the terms and conditions of r	dge the information supplied on this form is correct and complete. I acknowledge that I equesting a special examination centre, and if a centre is able to be organised I agree to supervision fees directly to the special examination centre.
Applicant's signature:	//
Personal Information Policy	

Personal information will be collected from you for the purpose of providing a statement of equivalence. Your personal information will be used for the primary purpose for which it is collected. The personal information protection policy for the Office of Tasmanian Assessment, Standards & Certification may be accessed at <a href="https://www.tas.gov.au/stds/pip.htm">https://www.tas.gov.au/stds/pip.htm</a>.

Please return form to:

Mail:	Email:
GPO Box 333 Hobart, TAS 7001	enquiries@tasc.tas.gov.au

