

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

In accordance with CPA Australia’s Reasonable Adjustment Policy, this application form is for individuals who wish to be assessed for Reasonable Adjustment for their examination.

Applicants should submit this form after enrolling in their subject and by the **closing date** listed on our website. Late applications for Reasonable Adjustment may not be able to be accepted.

All applications must be supported by relevant documentation signed and stamped by the applicant’s medical practitioner. The declaration on this form must be signed both by the applicant and their medical practitioner.

**(A) YOUR PERSONAL DETAILS**

|                   |                           |  |  |
|-------------------|---------------------------|--|--|
| Membership number |                           |  |  |
| Title             | First name                |  |  |
| Last name         | Preferred name (optional) |  |  |
| Telephone         | Date of Birth             |  |  |
| Email address     |                           |  | This is mandatory. Please ensure that your email address is written clearly. |

**(B) SELECT SUBJECT(S) FOR REASONABLE ADJUSTMENT**

**CPA PROGRAM**

- Advanced Audit and Assurance
- Australia Taxation
- Australia Taxation – Advanced
- Contemporary Business Issues
- Ethics and Governance
- Digital Finance
- Financial Reporting
- Financial Risk Management
- Global Strategy and Leadership
- Singapore Taxation
- Strategic Management Accounting

**FOUNDATION EXAMS**

- Business Finance
- Economics and Markets
- Financial Accounting and Reporting
- Foundations of Accounting
- Fundamentals of Business Law
- Management Accounting

**(C) THE APPLICANT’S MEDICAL DIAGNOSIS (TO BE COMPLETED BY MEDICAL PRACTITIONER)**

**(D) THE REASONABLE ADJUSTMENT REQUESTED (SPECIFIC DETAILS REQUIRED)**

**(E) THE REASON FOR THE REQUESTED REASONABLE ADJUSTMENT (SPECIFIC DETAILS REQUIRED)**

**(F) MEDICAL CERTIFICATE TO SUPPORT REASONABLE ADJUSTMENT APPLICATION**

You will need to provide evidence to support your application. This may include a medical certificate, your medical history, your most recent medical evaluation, a history of Reasonable Adjustments during previous education or assessment, or other relevant information.

Only a medical practitioner or healthcare provider may complete this section.

**TO BE COMPLETED BY MEDICAL PRACTITIONER/HEALTH CARE PROVIDER**

Consultation date(s)

Summary of condition including how the candidate's study and/or exam performance was or will be affected:

Period when the candidate was or will be affected

|      |    |
|------|----|
| From | To |
|------|----|

**In my opinion, the candidate's performance was or will be affected:**

- Mildly  
  Moderately  
  Severely

**Indicate how your assessment of the candidate's condition was obtained:**

- Information provided by candidate  
  Examination of candidate

Practitioner/  
Provider's name

Practitioner/Provider's stamp

Practitioner/  
Provider's number

|  |  |
|--|--|
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Practice address

|  |  |
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|--|--|

Suburb or City

|  |  |
|--|--|
|  |  |
|--|--|

State, Province  
or Region

|  |                 |  |
|--|-----------------|--|
|  | Postcode or ZIP |  |
|--|-----------------|--|

Country

|  |  |
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Practitioner/  
Provider's signature

Date

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

| DOCUMENT NUMBER (1, 2, 3) | DOCUMENT TITLE<br>(E.G. MEDICAL CERTIFICATE) | DOCUMENT DATE |
|---------------------------|--|---------------|
|                           |  |               |
|                           |  |               |
|                           |  |               |
|                           |  |               |
|                           |  |               |

**(G) DECLARATION**

I confirm the details provided in this application are truthful and correct and understand that any Reasonable Adjustment(s) will be granted at CPA Australia's discretion based on the information provided. I also agree to surrender flexibility in scheduling my own exam if CPA Australia approve any Reasonable Adjustment(s).

Applicant's signature

Date  /  /

**NEXT STEPS**

You must scan your application and supporting documents and email to: [reasonable.adjustments@cpaaustralia.com.au](mailto:reasonable.adjustments@cpaaustralia.com.au). Any enquiries about your application must also be forwarded to this address.

Once your application has been assessed by CPA Australia, you will be contacted by email to advise the outcome. Your outcome will be communicated via email to the email address provided. This usually occurs within ten business days of receipt of a completed application. If your application is incomplete you may experience a delay in receiving an outcome as we contact you to seek additional information.

Further information on CPA Australia's Reasonable Adjustment policy can be found on our website: <https://www.cpaaustralia.com.au/become-a-cpa/completing-the-cpa-program/enrolment/cpa-program-rules-and-regulations/reasonable-adjustment-policy>