

Intern Match 2024

Category 1 – Extenuating Circumstances Special Consideration Application Form

Section A – Candidate Details			
Candidate ID			
Title			
First Name(s)			
Last Name			
Address			
Suburb			
State		Postcode	
Country			
Email			
Section B – Eligibility for Special Consideration			
<input type="checkbox"/>	Medical Grounds		
<input type="checkbox"/>	Parental or carer responsibilities		
<input type="checkbox"/>	Statutory Grounds		
Section C – Supporting Documentation Checklist			
<input type="checkbox"/>	A statement or brief letter outlining reasons for consideration of eligibility under the relevant category.		
<input type="checkbox"/>	Evidence of current residential address, for example, utility bills or Council rates issued in the past 12 months.		
<input type="checkbox"/>	A letter from a treating medical practitioner if the category relates to a medical condition or disability (whether the applicant's or a dependent).		
<input type="checkbox"/>	Evidence of the nature of the relationship with the person dependent on the applicant's care where the category relates to parental or carer responsibilities.		
<input type="checkbox"/>	Other information relevant to their application for special consideration.		
Section D – Declaration			
I have read and understood the PMCV Intern Match – Priority Group 1 Special Consideration Extenuating Circumstance Policy		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
I understand that if I am granted special consideration, I am not guaranteed to receive an intern offer in my preferred geographical area		Yes <input type="checkbox"/> / No <input type="checkbox"/>	
Full Name		Date	