

APE Reasonable Adjustment Application Form

Reasonable adjustments allow candidates to demonstrate their knowledge and professional competence without being disadvantaged by a health condition, disability, or temporary circumstance.

Candidates undertaking the Architectural Practice Examination (APE) should have equitable access to assessment, consistent with the Disability Discrimination Act 1992 (Cth), the Disability Standards for Education 2005, and higher education best practice.

Definitions:

- Reasonable adjustment: A modification or support put in place to enable a candidate to undertake an assessment on an equitable basis, without altering the learning or competency outcomes being measured.
- Disability: As defined by the Disability Discrimination Act 1992, including physical, intellectual, psychiatric, sensory, neurological, or learning disabilities, as well as physical disfigurement and the presence in the body of disease-causing organisms.
- Temporary circumstance: A short-term impairment or circumstance (e.g., broken arm, pregnancy or post pregnancy, acute illness) that may impact exam performance.

Privacy and Health Information

The ARBV does not store medical or health information. The ARBV will confirm the approved Reasonable adjustment directly with the candidate and will notify the Accreditation Council of Australia (ACA) of the specific adjustment to be implemented.

The ARBV will only advise whether an approved adjustment is required and will not disclose any medical or personal health information to the ACA.

What the candidate must do:

- submit the completed form, see over page, to registrar@arbv.vic.gov.au as part of their request for reasonable adjustment.
- have to hand supporting documentation on the practitioner's official letterhead that include the date and the practitioner's title, name, registration number, contact details and signature. This documentation should not be provided with the application.

The ARBV will contact the candidate about reviewing the supporting documentation and the candidate will be notified of the outcome once all information has been reviewed.

Information provided in this form is handled in accordance with ARBV's [Privacy Policy](#) and will be used only for the purpose of assessing and implementing reasonable adjustments for the APE.

APE Reasonable Adjustment Application Form

This form supports an application for reasonable adjustment for the Architectural Practice Examination (APE). It must be completed by the candidate and submitted when the candidate submits their APE application.

Family name :

Given names(s) :

Both names must be your legal names and match your ARBV profile

Date of birth: / /

Component(s) of the APE for which reasonable adjustment is requested:

Part 2 - National Examination Paper (NEP)

Part 3 - Examination by Interview

Reasonable adjustment is requested:

- | | |
|---|--|
| <input type="checkbox"/> Extra time – ie. 15 minutes per hour of exam/interview | <input type="checkbox"/> Larger monitor |
| <input type="checkbox"/> Rest breaks – ie. 10 min per exam hour | <input type="checkbox"/> Alternative communication (captions, written prompts) |
| <input type="checkbox"/> Reduced distraction or separate environment | <input type="checkbox"/> Quiet/separate room |
| <input type="checkbox"/> Flexible scheduling (time of day) | <input type="checkbox"/> Assistive listening devices |
| <input type="checkbox"/> Alternative formats (large print, accessible digital) | <input type="checkbox"/> Accessible venue or online mode |
| <input type="checkbox"/> Assistive tech (magnifier) | <input type="checkbox"/> Use of scribe/typist |
| <input type="checkbox"/> Adjusted lighting/seating | <input type="checkbox"/> Ergonomic adjustments |

Candidate declaration and consent

I confirm that:

- The information provided in this application is true and correct.
- I consent to the ARBV using this information to assess my request for a reasonable adjustment and understand that any reasonable adjustment(s) will be granted at the discretion of the ARBV.
- I understand that any approved adjustment applies only to the examination sessions confirmed by the ARBV.
- I understand that the ARBV will not hold or maintain records of the health information I provide to them for the purposes of this application and I acknowledge I have read the [ARBV Privacy Policy and collection statement](#).

Candidate's name :

Signature:

Date: / /