



## Application for Provisions in Bar Examination - Disability

The New South Wales Bar Association (**Bar Association**) is committed to ensuring that all candidates in the Bar Examination have an opportunity to make a fair attempt to demonstrate their knowledge and ability in the examination.

The Bar Association's Bar Examination Policy provides that a candidate may be granted provisions if the candidate has a disability that is anticipated to have an impact on the candidate's performance in the examination. Any provisions sought must be required to ensure that the candidate is not treated less favourably on the ground of disability. By making such provisions, the Association seeks to ensure all candidates have a fair and equitable opportunity to demonstrate what they know during an examination.

Information about accessibility and assistance with the Bar Examination, including whether an application for provisions is required, is available on the Bar Association's website <https://nswbar.asn.au/becoming-a-barrister/bar-exams/bar-examination-policy> and by contacting [exams@nswbar.asn.au](mailto:exams@nswbar.asn.au). If you wish to seek such provisions and an application for provisions is required, please complete this form and send it, along with supporting documents, to [exams@nswbar.asn.au](mailto:exams@nswbar.asn.au).

Generally, an application for provisions will not be required for matters relating to access to the exam venue, to facilities at the venue or to the exam content via technology that will not affect other candidates during the examinations.

If you have any questions about disability provisions, this form or how to make an application for provisions please contact [exams@nswbar.asn.au](mailto:exams@nswbar.asn.au) or +612 9232 4055.

### Privacy collection statement

The personal information requested in this form is collected by the New South Wales Bar Association for the purposes of considering and determining the candidate's application for provisions for the NSW Bar Exam. It will be shared with members of the Association's committees and working parties on a confidential basis, as described in the Association's Bar Examination Policy.

By completing this form, the candidate and medical professional consent to their personal information (including sensitive information) being used for the above purposes. Without the requested information, we will be unable to progress the candidate's application.

For further information on how the Association collects, stores, uses and discloses personal information, and how an individual may obtain access to and where necessary correct their personal information, please see the Association's Privacy Policy available at: <http://www.nswbar.asn.au/privacy-policy>. The Policy also contains information about how you can complain about a breach of the Australian Privacy Principles and how the Association will deal with any such complaint.

**Section A: Completed by Candidate**

Family name:

Given name:

Date of Bar Examination:

Requested provision(s):

I hereby give authority for the medical professional who has provided the information in, or required by, Section B below to release information to the Professional Standards & Support at the NSW Bar Association relating to my health condition for the purposes of the Association considering and determining this application for provisions in the Bar Examination referred to above.

Signature:

Date:

**Section B: Completed by Medical Professional \***

Medical Professional Name and Expertise:

Provider Stamp

Contact Details:

Diagnosis:

Nature of Condition:

Permanent Temporary 

Expected Duration:

**Condition Description:**

Fluctuating

Stable / Unchanging

Degenerative

**Impact of Condition:**

Please provide your opinion on how you anticipate candidate's disability, long term illness and / or mental health condition will impact upon the candidate's performance in the NSW Bar Examination to be held on the date set out in Section A. The examination will consist of two 2 hour papers, each with an additional 30 minutes of reading time. The examination will be conducted on laptop computers that are supplied by the candidates, and answers will be typed.

Please consider the following non-exhaustive list in providing your opinion (as relevant to the candidate's condition): fatigue, pain, concentration, memory, mobility, sitting / standing tolerance, and impact of medication.

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**Proposed provisions:**

Please provide your opinion on what provisions should be made to enable the candidate to have an opportunity to make a fair attempt to demonstrate his or her knowledge and ability in the examination and why such provisions are necessary. Please be as specific as possible in identifying the provisions that should be made. For example, if your opinion is that additional time should be given to the candidate to complete each examination, please state how much additional time the candidate should be given for each examination and provide the reasons why you think that much additional time should be given.

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Any other comments?

**Signature of Medical Professional:**

The opinions in Section B of this application form are mine and I acknowledge that the NSW Bar Association's Director of Professional Development may contact me to seek further information for the purpose of this application for provisions in the NSW Bar Examinations:

**Signature:**

**Date:**

\* The information required in Section B may be provided in a separate document, but in such a case, either the medical professional must also sign Section B of this form, or the full statement immediately above the signature block for Section B of this form must be reproduced in the separate document.