



Help for Student Form - 2026

Step 1: 'About this form' Page

When you open the form, make a note of the **Reference Code** and **press SAVE**. This way if you accidentally close the window, you do not need to start the process again. Forms left open for 24hrs without saving will no longer be accessible and you will need to begin again.

The screenshot shows the top of a web form. At the top left is a small BSSS logo. To its right are four buttons: 'About', 'Need help', 'Save and close', and 'Open saved form'. Further right is the text 'Reference code: CBBQKLY'. Below this is a large grey header box with the title 'Application for Special Provisions for the ACT Scaling Test (AST) 2026 - Student'. Under the header, the section 'About this form' is displayed. It contains three lines of small text: 'This application is only for students who need to apply for Special Provisions for the AST in 2026.', 'Please ensure that you have thoroughly read the information about Special Provisions for the AST as this form is the application ONLY and does not provide any information regarding the provisions available and evidence required etc.', and 'Deadlines for all applications for a known condition is 31 March 2026.' To the right of the text is a vertical progress indicator with four circles. The first circle is filled with a pencil icon and labeled 'About this form'. The other three circles are empty and labeled 'Your details', 'Provisions details', and 'Doctor or relevant professional details'. At the bottom right of the form area is a purple button labeled 'Next'.

If you do close the window, you can click **Open saved form**

The screenshot shows the top of the application form. At the top left is the BSB logo. To its right are four buttons: 'About', 'Need help', 'Save and close', and 'Open saved form' (which is highlighted with a red box). Further right is the text 'Reference code: CBBQLKLY'. Below this is a large grey header with the title 'Application for Special Provisions for the ACT Scaling Test (AST) 2026 - Student'. Under the header, the section 'About this form' contains explanatory text and a 'Next' button at the bottom right. On the right side, a vertical progress indicator shows four steps: 'About this form' (active), 'Your details', 'Provisions details', and 'Doctor or relevant professional details'.

and put in your reference code in.

This screenshot is identical to the one above, showing the 'About this form' step. It includes the BSB logo, navigation buttons ('About', 'Need help', 'Save and close', 'Open saved form'), the reference code 'CBBQLKLY', the main title, the 'About this form' section with its text and 'Next' button, and the progress indicator on the right.

Keep your Reference code on hand, even once you have submitted the form.

Step 2: 'Your details' Page

When you are ready, click '**Next**'.

[About](#)[Need help](#)[Save and close](#)[Open saved form](#)

Reference code: C8BQKLY

Application for Special Provisions for the ACT Scaling Test (AST) 2026 - Student

About this form

This application is only for students who need to apply for Special Provisions for the AST in 2026.

Please ensure that you have thoroughly read the information about Special Provisions for the AST as this form is the application ONLY and does not provide any information regarding the provisions available and evidence required etc.

Deadlines for all applications for a known condition is **31 March 2026**.

- About this form
- Your details
- Provisions details
- Doctor or relevant professional details

[Next](#)

After you click 'Next', there should be a green tick next to 'About this form'.

Application for Special Provisions for the ACT Scaling Test (AST) 2026 - Student

Your details

Fields marked with * are required

☒ I have read and understood the information about Special Provisions for the AST available here: [ACT Scaling Test information for candidates*](#)

Given name*	Family name*
School*	
Student ID*	Phone number
Email*	Secondary email*

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- About this form
- Your details
- Provisions details
- Doctor or relevant professional details

Complete your details. Required fields are indicated with a red *.

The **School** you are selecting is the one you are enrolled in.

Your details

Fields marked with * are required

☒ I have read and understood the information about Special Provisions for the AST available here: [ACT Scaling Test information for candidates*](#)

Given name*	Family name*
School*	
Student ID*	Phone number
Email*	Secondary email*

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- About this form
- Your details
- Provisions details
- Doctor or relevant professional details

Set this to the school you are enrolled in

Double check that all details are correct before you click 'Next'.

Step 3: 'Provisions details' Page

This page will allow you to indicate which provision(s) you are applying for.

Provisions details

Fields marked with * are required

Please make sure you have read the information about each provision for the AST available here [ACT Scaling Test information for candidates](#).

I am requesting: *

- ☐ Stop the Clock/Rest and Movement breaks
- ☐ Extra time to work
- ☐ Use of a computer
- ☐ Use of a c-pen reader
- ☐ Small group supervision
- ☐ Use of a scribe
- ☐ Support person
- ☐ Individual supervision
- ☐ Enlarged, coloured, or alternative paper
- ☐ Varied instructions
- ☐ Type 1 Diabetes Provisions
- ☐ Minor variation to equipment or conditions
- ☐ Other



You can select more than one provision.

Provisions details

Fields marked with * are required

Please make sure you have read the information about each provision for the AST available here [ACT Scaling Test information for candidates](#).

I am requesting: *

- ☒ Stop the Clock/Rest and Movement breaks
- ☒ Extra time to work
- ☐ Use of a computer
- ☐ Use of a c-pen reader
- ☐ Small group supervision
- ☐ Use of a scribe
- ☐ Support person
- ☐ Individual supervision
- ☒ Enlarged, coloured, or alternative paper

Please provide details *

- ☐ Varied instructions
- ☐ Type 1 Diabetes Provisions
- ☐ Minor variation to equipment or conditions
- ☐ Other



If the provision(s) you have select requires additional details, please be specific about your requirements for this provision.

- ☒ Enlarged, coloured, or alternative paper

Please provide details *

Blue paper

For the provision(s) you have selected, you need to list the condition, disorder, or disability and how this impacts your ability to complete the test.

What is the condition, disorder, or disability that you are requesting this accommodation for?*

How does this disorder or disability, or condition affect your ability to complete tests? Please be detailed in your explanation.*

If you have tried any accommodations which you do not currently use, click '**Yes**'

Have you tried accommodations that you now no longer use for school-based assessment?*

☒ Yes
☐ No

Additional sections will pop up. Please fill them out with as much detail as possible.

Have you tried accommodations that you now no longer use for school-based assessment?*

☒ Yes
☐ No

What accommodations have you tried?*

Why do you no longer use these accommodations?*

If you are currently using the accommodations provided to you by the school, click '**No**'

Have you tried accommodations that you now no longer use for school-based assessment?*

☐ Yes
☒ No

If you click '**No**', the form will stay the same.

Please list the current accommodations you use for school-based assessments.

What are your current accommodations for school-based assessment?*

Please note that some provisions offered for school assessment cannot be offered for the AST. Being awarded a particular provision for school-based assessment does not guarantee its approval for the AST. You will be notified about which provisions have or have not been granted using the email address/es listed on this form.

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Double check that all details are correct before you click '**Next**'.

Step 4: 'Doctor or relevant professional details' Page

This page requires you to enter your Medical Practitioner's details.

[About](#)[Need help](#)[Save and close](#)[Open saved form](#)

Reference code: CBBQLKLY

Application for Special Provisions for the ACT Scaling Test (AST) 2026 - Student

Doctor or relevant professional details

Fields marked with * are required

Name of the doctor or relevant professional providing information for the current impact statement.

Given name*

Family name*

Medical area/specialisation*

Contact phone number*

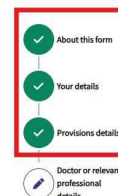
Doctor/medical practice email*

Enter and select an address*

Start typing full address here..

Release of information to ACT BSSS

☐ I give permission for information and/or documentation relevant to my request for special consideration in the AST to be released to the ACT BSSS to assist in the determination of eligibility for special examination arrangements.*



Fill out the required sections.

Please ensure all details are correct before you click '**Submit**'.

If the email address is incorrect, it will not be delivered to the Medical Practitioner, and you will need to complete a new application.

Doctor or relevant professional details

Fields marked with * are required

Name of the doctor or relevant professional providing information for the current impact statement.

Given name*

Family name*

Medical area/specialisation*

Contact phone number*

Doctor/medical practice email*

Please enter and select address*

Start typing full address here..

Release of information to ACT BSSS

☐ I give permission for information and/or documentation relevant to my request for special consideration in the AST to be released to the ACT BSSS to assist in the determination of eligibility for special examination arrangements.*

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After you have submitted your form, be proactive and contact your Medical Practice to check if they or the Medical Practitioner has received the medical form. They may ask you to make an appointment with your Medical Practitioner, so you are in attendance when your Medical Practitioner fills out the medical form.

If the Medical Practice cannot find the form in the email inbox, ask them to check spam/junk folders - searching for SmartForms@act.gov.au¹

¹<mailto:SmartForms@act.gov.au>