

Special Consideration Application Form

Centre Details

| | |
|----------------|--|
| Centre Name: | |
| Centre Number: | |

Learner Details

| | |
|--------------------|--|
| Learner's Name: | |
| Learner's ULN/SCN: | |

Assessment Details

| | |
|-----------------------|--|
| Assessment Reference: | |
| Qualification: | |
| Date of Assessment: | |

Special Consideration

Please tick the most relevant circumstance: -

- Illness/Not fit to attend Absence/Situation could not be prevented
 Distractions during the assessment Room disruption

Please provide further details of the circumstances which affected assessment performance, controlled assessment or coursework – this part must be filled in. (Please use additional paper and attach to this document, if needed).

I can confirm that the details provided are accurate and fully support the application.

Centre Signature: _____ Date: _____