**Special Consideration Application form
(End Point Assessment)**

**Special Consideration Application – End Point Assessment**

Please ensure you have read and understood the Special Consideration Policy before completing this application.

Ensure all sections below are completed, providing as much information as possible.

**Learner and Centre information**

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| --- | --- |
| Learner name:  |  |
| Learner DOB:  |  |
| Training Provider:  |  |
| Standard:  |  |
| Assessment date (if booked):  |  |
| Assessment/Exam number (if known): |  |

# Attendance

Did the learner attend their assessment? Yes ☐ No ☐
Did the learner complete the assessment? Yes ☐ No ☐

# Circumstance

Please indicate which circumstance requires considering:
☐ An accident, injury, or temporary illness.
☐ Serious domestic issue.
☐ Failure by the centre (or assessor in the case of EPA) to provide the correct assessment materials.
☐ Technical issues with the assessment or associate assessment materials.
☐ Serious disruption of the assessment.
☐ Failure by the centre (or assessor in the case of EPA) to implement access arrangements that have been approved in advance of the assessment.
☐ A significant issue arising from a learning difficulty, disability or long-term illness that is exacerbated at the time of assessment that would not normally require a reasonable adjustment.
☐ Other, please detail in full below;

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# Evidence in support of the application

Centres are required to hold evidence/information to support the application and make this available to Highfield upon request.

Please indicate below what type of evidence you hold to support the application.
☐ Medical certificate or doctor’s note
☐ Statement from Centre, employer or another responsible individual ☐ Other, please detail in full below
☐ Other, please detail in full below;

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**Declaration:**

I confirm that the information provided in this form and any supporting evidence is true and accurate.

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| --- | --- |
| Name:  |   |
| Job title/position:  |   |
| Signature:  |   |
| Date:  |  |