**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.

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