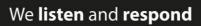


Special Consideration Application

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	
Learner name:	
Learner DOB:	
Training provider name and centre number	
Qualification or Standard:	
Assessment date (if booked):	
Assessment/exam number (if known)	
Attendance Did the learner attend their asse Did the learner complete the ass Circumstance	
Please indicate which circumstar An accident, injury, or tempo	
Serious domestic issue.	ral y lilless.
=	essor in the case of EPA) to provide the correct assessment
	essment or associate assessment materials.
Serious disruption of the asseFailure by the centre (or assethat have been approved in a	essor in the case of EPA) to implement access arrangements
A significant issue arising fro	om a learning difficulty, disability or long-term illness that is assessment that would not normally require a reasonable





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.

☐ Medical certificate or do	employer or another responsible individual
Declaration I confirm that the informat accurate.	cion provided in this form and any supporting evidence is true and
Name:	
Job title/position:	
Signature:	
Date:	