

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 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;

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

Declaration

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

Name:	
Job title/position:	
Signature:	
Date:	