

Special consideration is a process that allows learners that suffer from temporary illness, injury or indisposition at the time of an assessment to demonstrate the achievement they are capable of for the units that are subject to special consideration.¹

Special consideration may be given following a scheduled assessment to a learner:

- who is present for the assessment but who may have been disadvantaged by temporary illness, injury or adverse circumstances which arose at or near the time of the assessment
- where alternative assessment arrangements which were agreed in advance of the assessment prove inappropriate or inadequate
- who misses part of the assessment due to circumstances outside their control.

A learner will NOT be eligible for special consideration if:

- no evidence is supplied by the centre that the learner has been affected at the time of the assessment by a particular condition
- any part of the assessment is missed due to personal arrangements including holidays or unauthorised absence
- preparation for the assessment is affected by difficulties during the course e.g. disturbances through building work, lack of proper facilities, changes in or shortages of staff or industrial disputes.

Centres should note that, where an assessment requires the learner to demonstrate practical competence, it may not be possible to apply special consideration. In addition, in some circumstances, it may be more appropriate to offer the learner an opportunity to take the assessment at a later date rather than apply special considerations. Please consult the Access to fair assessment policy and procedure prior to completion of the form.

This form should be used by centres to apply for special consideration on behalf of each individual learner or assessment. This application should be submitted as soon as possible after the assessment and not later than seven working days after the assessment.

PLEASE RETAIN A COPY OF THIS FORM FOR AT LEAST 3 YEARS FROM THE END OF THE YEAR TO WHICH IT RELATES.

Centre Name:		Centre Number	
Site Address:			
Date and time of assessment:			

¹ Regulatory arrangements for the Qualifications and Credit Framework August 2008

Qualification Title / Level (if applicable)

Name of learner for which application is made:

Full Name	Learner Registration No.	Post Code

Provide details of circumstances affecting performance in assessment:

Provide details of supporting evidence:

Evidence in support of the application may include:

- Medical or psychological evidence
- Statement from the invigilator / verifier / learner

Provide details of the measures taken (or suggested)

Declaration:

I confirm that the information provided above is accurate:

Name:			
Position in Centre:			
Contact No.:			
E-mail:			
Signature:		Date	

Head of Centre Signature:		Date:	
Learner Signature:		Date:	
Quality and Curriculum Reviewer Signature:		Date Approved:	
Further Action:			