

# Application for Special Considerations

Please read the policy “Reasonable Adjustments and Special Considerations” before completing this form.

Only complete this form if:

- You have already completed an assessment/exam  
or
- You were scheduled for an assessment/exam that you were unable to take on the day due to an unexpected situation  
or
- You have yet to take your exam but the assessment/exam is scheduled within the next 2 months

Candidate Name	
Level of Examination	
Scheduled Date of Examination	
Scheduled Time of Examination	
Examination Venue	

*Please tick all that apply*

- I am applying prior to my exam       I am applying after my exam
- I have enclosed evidence to support my application

Please detail below why you are applying for a Special Consideration to be applied to your assessment and the circumstances surrounding that. If possible please also include relevant evidence to support your application.

I certify that I have the candidate's permission or am legally responsible for the candidate, and have the authority to apply for special considerations to the candidate's assessment/exam.

Signature

Print Name

Date