

SPECIAL CONSIDERATION APPLICATION

Please complete this form for sending to ABP at least five working days before the start of your course.

Learner ID _____

Learner NAME _____

Examination/Assessment DATE _____

Qualification TITLE _____

Assessment DATE (in booked) _____

Assessment/Exam NUMBER (if known) _____

Attendance

I had attended the assessment: Yes No

I had completed the assessment: Yes No

Circumstance

Please indicate which circumstance requires considering:

- An accident, injury, or temporary illness.
- Serious domestic issue.
- Failure by ABP staff to provide the correct assessment materials.
- Technical issues with the assessment or associate assessment materials.
- Serious disruption of the assessment.
- Failure by ABP staff 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 cite in detail below)

Evidence in Support of the Application

- Medical certificate/doctor's note/psychological report/other professional assessment
- Statement from concerned ABP staff
- Other (please specify below)



Applicant's Declaration:

I confirm that the information provided above is accurate. I understand that ABP may independently verify this information and I grant my consent to that being carried out.

Name:Date

Signature: