Application for Special Consideration



Part 1. To be completed at the exam centre					
Candidate Name		Candidate Number			
Centre Location		Date & Time			
Invigilators					
Exam Title					
Did not sit exam	Yes / No	Sat exam but disadvantaged	Yes / No		
Summarise adverse circumstances affecting examination performance					
Date & Time problem began		Is the problem continuing?	Yes / No		
Current expert evidence attached		Yes / No			
Part 2. To be completed by the Head Invigilator of the exam session					
Summary of events:					
Declaration: I am satisfied that the information provided is accurate and fully support the application. YES / No *					
*If you are not supporting the application, please ensure your reasoning is included in the summary of events.					
Name (Please print)		Date			
Signature					

Part 3. To be completed by the Education Officer					
For incomplete exams, indicate the mark awarded and percentage completed. These results must form the basis of a special consideration award		Mark	Percentage		
Summarise investigations carri	ed out.				
Decision: I am satisfied that the information provided is accurate and approve the application for an award for special					
consideration to be added to the exam result. YES / No*					
*If the application is rejected, please include your reasoning in the summary of investigations.					
Special Consideration Award. Refer to Special Consideration Guidelines.					
Name (Please print)		Date			
Signature					