

# Special Consideration Application Form

Special Consideration is an action taken after an assessment to allow candidates who may have been disadvantaged by **temporary illness**, injury, or adverse circumstances at the time of the assessment and who apply to have their performance reviewed in light of the circumstances in question.

Application for Special Consideration must be submitted as soon as possible after the event and no later than 5 working days after the assessment date.

Failure to submit your request within the time stated above will result in your request being rejected.

**Application must be supported by relevant medical evidence (in English only).**

Qualification title	
Qualification unit	
Date of assessment	
Centre name	
Candidate full name	
Candidate number	
Email address	
Contact number	

Summarise temporary illness, injury, or adverse circumstances that you believe affected assessment performance:

## DECLARATION

I declare that the information on this form is true and accurate and I agree to CIOL Qualifications processing my data.

Candidate signature\*

Date:

\*If completing electronically, please type your name in full.

Email this completed form to [appeals@ciol.org.uk](mailto:appeals@ciol.org.uk)

If you require any assistance with completing this form, contact the Customer Services Team who will be happy to help. Please call: 0207 940 3100