



Special Consideration Application Form

Special Consideration is 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 20 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.

| | |
|---------------------|--|
| Qualification title | |
| 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

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