

## **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 evidence (in Eng	jlish only).

Qualification title			
Qualification unit			
Date of assessment			
Exam venue name			
Candidate's 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.

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Odrididate signature		
	Date:	

Please email your completed form to <a href="mailto:gualifications@ciol.org.uk">gualifications@ciol.org.uk</a> or if you require any assistance with completing this form, contact the Client Services Team by email to the same email address. They will be happy to help.

<sup>\*</sup>If completing electronically, please type your name in full.