

APPLICATION FOR SPECIAL CONSIDERATION: BTEC & EDEXCEL NVQS QUALIFICATIONS

This completed form should be sent to:
 BTEC Quality Standards Team at Edexcel, One90 High Holborn, London, WC1V 7BH.
 Completed forms MUST be forwarded within seven days of the assessment having taken place.

A SEPARATE FORM SHOULD USUALLY BE COMPLETED AND SUBMITTED FOR EACH LEARNER

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL BE RETURNED

Centre number		Centre name	
Learner registration number		Learner name	

Please indicate the nature of Special Consideration being applied for by ticking "YES" as appropriate

SPECIAL CONSIDERATION	YES
Performance during assessment affected by circumstances beyond the learner's control	<input type="checkbox"/>
Part of an assessment was missed due to circumstances beyond the learner's control	<input type="checkbox"/>
Alternative assessment arrangements agreed in advance were inappropriate or inadequate	<input type="checkbox"/>
Learner's work has been lost	<input type="checkbox"/>
Posthumous certification	<input type="checkbox"/>

Please note that if the special consideration you are requesting does not fall into one of the categories identified above, then it probably will not qualify. If you require additional information, please contact us via qualitystandards@edexcel.org.uk

Assessment Date	Qualification Title	Level	Qualification Number	Unit Title & Code

Please propose the special consideration that you would like to be considered

Please give a summary of the adverse circumstances affecting performance in assessment

Please provide details of supporting evidence

Please provide the registration numbers of four learners of a comparable standard

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Please explain why it will be more appropriate to give special consideration rather than making arrangements for the learner to complete the assessment.

BEFORE FORWARDING TO EDEXCEL, PLEASE CHECK THAT:

- All sections of the form completed
- Medical and/or psychological evidence is attached (where appropriate)
- Completed & signed SRF is attached

DECLARATION

I confirm that the information provided in this application is accurate.

Name of Head of Centre/Principal/CEO PLEASE PRINT		Signature of Head of Centre/Principle/CEO	
Telephone Number	E-mail address	Date	

PLEASE RETURN THIS FORM TO
 BTEC Quality Standards, Edexcel, One90 High Holborn, London, WC1V 7BH

EDEXCEL USE ONLY:

Special consideration approved?

YES

NO

Name: _____ Title: _____

Signature: _____

If NO please state reasons:

Authorised by QSM: _____ Date: ____/____/____

Date letter sent to centre informing of decision: ____/____/____

Date SRF sent for processing: ____/____/____

Date closed: ____/____/____