

**Application for special consideration**

**Vocational qualifications**

**A separate form should usually be completed and submitted for each learner.**

**Before completing this form, please refer to the JCQ publication  
*A guide to the special consideration process.***

<b>Centre number</b>		<b>Centre name</b>	
<b>Contact name and e-mail address</b>		<b>Centre telephone number</b>	
<b>Candidate surname</b>		<b>Candidate first name</b>	
<b>Candidate/Enrolment/Learner Registration number</b>			

<b>Qualification number/code</b>		<b>Unit number</b>	
<b>Qualification title</b>		<b>Qualification level</b>	
<b>Series (month and year)</b>			
<b>Exam date (for City &amp; Guilds qualifications only)</b>			

Please indicate the nature of the special consideration being applied for by ticking 'yes' as appropriate.

<b>Special Consideration</b>	<b>Yes</b>
Performance during the assessment was affected by circumstances beyond the learner's control	<input type="checkbox"/>
Reasonable adjustments agreed in advance of the assessment were inappropriate or inadequate	<input type="checkbox"/>
The learner's work has been lost*	<input type="checkbox"/>
Posthumous certification	<input type="checkbox"/>

\* City & Guilds centres **must** refer to the latest version of Supporting Customer Excellence Centre Manual for guidance on lost candidate portfolios.

Summarise adverse circumstances affecting examination performance.

<p><b>Please give details:</b></p>
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**Please explain why it would be more appropriate to award special consideration rather than making arrangements for the learner to complete the assessment:**

List other units of the qualification and provide outcomes (if known).

Unit title	Outcome/Grade achieved

When completing this form please check that:-

- all sections of the form have been completed;
- any appropriate documentation supporting the application is attached.

I certify that:

- the details given are accurate;
- I have been given the formal delegated authority by the head of centre, Chief Executive or Managing Director.

Name: \_\_\_\_\_

Position in centre: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form **must** be sent to the relevant awarding body.

<p><b>Awarding body details:-</b></p> <p><b>AQA</b> Stag Hill House Guildford Surrey GU2 7XJ Tel: 0800 197 7162 e-mail: <a href="mailto:SpecialConsiderationQueries@aqa.org.uk">SpecialConsiderationQueries@aqa.org.uk</a></p> <p><b>City &amp; Guilds</b> Special Consideration Giltspur House, 5-6 Giltspur Street London EC1A 9DE e-mail: <a href="mailto:policy@cityandguilds.com">policy@cityandguilds.com</a></p>	<p><b>OCR</b> Special Requirements Team The Triangle Building Shaftesbury Road Cambridge CB2 8EA</p> <p><b>Pearson</b> Special Requirements Team Fretwell Road Hellaby Business Park Rotherham S66 8HN</p>
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