COMPASSIONATE CONSIDERATION APPLICATION FORM

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| **COMPASSIONATE CONSIDERATION**  **in extenuating circumstances**  **APPLICATION FORM** | | | |
| **Part A:**  **This section must be completed by the Learner** | | | |
| Learner Name: |  | | |
| Learner Address: |  | | |
| Provision: |  | | |
| Module(s): |  | | |
| Assessor Name: |  | | |
| Types of Assessment: | Examination  Skills Demonstration  Assignment | | Project  Learner Record  Collection of Work |
| Assessment Due Date(s): |  | | |
| Reasons for application: | | | |
|  | | | |
| Relevant supporting evidence/documentation included: | | Yes  No | |
| Details of supporting relevant evidence/documentation: | | | |
|  | | | |
| Learner Signature: |  | | |
| Date: |  | | |

**This application form must be submitted to the relevant designated person**

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| **Part B:**  **Office Use Only**  **This section must be completed by the relevant designated person** | |
| Learner Name: |  |
| Assessment Due Date: |  |
| Date relevant designated person is notified by Learner: |  |
| Notified by: | Telephone  Email |
| Receipt date of application: |  |
| Assessor Name(s): |  |
| Date of meeting with Assessor(s): |  |
| Application prior to or after the assessment activity/deadline: | Prior to  After |
| **Criteria:** | **Details:** |
| Details of extenuating circumstances |  |
| Relevant supporting evidence/documentation |  |
| Nature of the assessment activity (Assignment, Project, Learner Record, Collection of Work, Skills Demonstration and Examination) |  |
| Application: | Granted Declined |
| **Declaration:** | |
| I can confirm that:   * A meeting with the Assessor to discuss the application has taken place. * There is sound evidence to grant or decline the application based on criteria above. * If granted, the granting of Compassionate Consideration will not give the learner in question an unfair assessment advantage over other learners undertaking the assessment. * I will inform the learner in writing of the decision regarding the outcome of the application. * I will inform the assessor in writing of the decision regarding the outcome of application. | |
| Signature: |  |
| Date: |  |

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| **COMPASSIONATE CONSIDERATION**  **in extenuating circumstances**  **APPLICATION FORM** | |
| **Part C:**  **This section must be completed by the relevant designated person and returned to the Learner and Assessor**  **Note: This section must accompany relevant assessment material when submitted for certification** | |
| Learner Name: |  |
| Date of Decision: |  |
| Outcome: | Granted Declined |
| If granted, details of extended deadline etc. |  |