ASSESSMENT DEADLINE EXTENSION APPLICATION FORM

Learner Instructions: Please complete all sections of this application form and return it to the relevant designated person with supporting relevant evidence/documentation (see Assessment Deadlines: Assessment Deadline Extension in Extenuating Circumstances Procedure for further details).

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| **Assessment Deadline Extension****in Extenuating Circumstances** **APPLICATION FORM** |
| **Part A:** **This section must be completed by the Learner** |
| I am applying for**:**  |  Short-Term Extension (1-5 days) [ ]  Compassionate Consideration [ ]   |
| Learner Name: |  |
| Learner Address: |  |
| Provision: |  |
| Module(s): |  |
| Assessor Name: |  |
| Type(s) of Assessment(s): |  |  |
| Assessment(s) Due Date(s): |  |
| Reasons for application: |
|  |
| Relevant supporting evidence/documentation included: ***Relevant supporting evidence/documentation must be included in your application.*** | Yes [ ]  No [ ]  |
| Details of supporting relevant evidence/documentation: |
|  |
| Learner Signature: |  |
| Date: |  |

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| **Assessment Deadline Extension****in Extenuating Circumstances** **APPLICATION FORM** |
| **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: |  |
| 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 Practical/Theory Examination or Continuous Assessment) |  |
| 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 extension 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
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| Signature: |  |
| Date: |  |

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| **ASSESSMENT DEADLINE EXTENSION****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, provide details of extended deadline etc. |  |