Application for Special Considerations for Apprentices/Learners

Please complete all sections of the form. **Incomplete applications cannot be considered.**

Applications will be reviewed within **21 working days** once acknowledged.

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| **Provider/Centre name** |  |
| **Apprentice/Learner name** |  |
| **Apprentice ULN** |  |
| **Full Qualification/Standard Title** *(as it shows on QuartzWeb /epaPRO)* |  |
| **Standard Version Number**  *(EPA only)* |  |
| **Qualification Number**  *(Qualifications only)* |  |

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| **Reason for application:** |
| Please include a summary of the adverse circumstances that affected the learner/apprentice. | |
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| **Special consideration being requested:** |
| Please provide **specific** details of the special consideration being requested (including each assessment method affected and the dates of those assessments if applicable). | |
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| **Supporting evidence:** |
| Please list all supporting evidence supplied with this request (this may be a medical report, statement from employer etc.). | |
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Applications which **do not** have the relevant documentary evidence, cannot be considered and **will be rejected**.

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| **Declaration** |
| **This application is supported by the employer/provider coordinator/examinations officer and relevant tutors.** | | |
| **Print Name:** | |  |
| **Date of application:** | |  |

This form needs to be submitted from an individual/or shared mailbox at the training provider. The form does not have to be submitted by the person named in the declaration.

Please return the completed form and supporting evidence to: [compliance@innovateawarding.org](mailto:compliance@innovateawarding.org)

If you have any queries regarding completing and submitting this form, or special considerations in general please contact us on the email above.

**For completion by Innovate Awarding Only**

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| Date application received: | |  |
| The below special considerations **have** been agreed**:** | | |
|  | | |
| The below special considerations **have not** been agreed**:** | | |
|  | | |
| **Approved by:** |  | |
| **Role:** |  | |
| **Date reviewed:** |  | |

**Note to all:** Please ensure that the apprentice/learner and all relevant staff, including invigilators, are aware of this agreement and that the appropriate arrangements are put in place.