Special Consideration Request Form

Please complete all fields and submit to ProTrainings at least 7 days of the assessment



Special consideration could apply to a learner who had temporarily experienced:

- Some other event outside of their control
- An illness or injury
- Or is likely to have had, a material effect on that learner's ability to take an assessment or demonstrate his or her level of attainment in an assessment

Centre Name:							Learne	Name:				
Qualification Title:												
Unit Title / Learning Outcome								Date of assessment				
1.												
2.												
Please summarise the adverse circumstances affecting the assessment performance												
Declaration: I am satisfied that the information provided is accurate and fully support the application												
Name of Centre Con	[Date:			
Signature:										1		