STATEMENT FROM PROVISION

Application for Compassionate Consideration

In some cases, the Provision may be aware of circumstances whereby the learner may be unable to obtain a statement from another qualified professional (e.g. due to financial constraints) and may complete a statement for the learner while maintaining confidentiality.

**To be completed by the** relevant designated person within the Provision

|  |  |
| --- | --- |
| Name of Relevant designated person: |  |
| Learner Name: |  |
| Provision: |  |
| Module(s): |  |
| Declaration: |
| I can confirm that there are confidential extenuating circumstances which pertain to this learner which:1. **may have prevented or may prevent him/her** from either:
	* + **completing** an assessment activity (Learner Record, Collection of Work, Project, Assignment or Skills Demonstration), or
		+ **attending** a practical assessment (Examination or Skills Demonstration)

or 1. **seriously impaired or may seriously impair his/her performance**) in:
	* + a practical assessment (Examination or Skills Demonstration).
 |
| Signed: |  |
| Date: |  |