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

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| --- | --- | --- |
| 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: |  | |