COMPASSIONATE CONSIDERATION APPLICATION FORM

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| **COMPASSIONATE CONSIDERATION****in extenuating circumstances** **APPLICATION FORM** |
| **Part A:** **This section must be completed by the Learner** |
| Learner Name: |  |
| Learner Address: |  |
| Provision: |  |
| Module(s): |  |
| Assessor Name: |  |
| Types of Assessment: | [ ]  Examination [ ]  Skills Demonstration[ ]  Assignment  | [ ]  Project [ ]  Learner Record [ ]  Collection of Work  |
| Assessment Due Date(s): |  |
| Reasons for application: |
|  |
| Relevant supporting evidence/documentation included:  | Yes [ ]  No [ ]  |
| Details of supporting relevant evidence/documentation: |
|  |
| Learner Signature: |  |
| Date: |  |

**This application form must be submitted to the relevant designated person**

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| **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: |  |
| Notified by: | [ ]  Telephone [ ]  Email |
| 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 and Examination) |  |
| 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 granting of Compassionate Consideration 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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| **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, details of extended deadline etc. |  |