

# Reasonable Adjustments and Special Consideration

## Appendix 3 – Special Consideration Request form

Please complete all fields and submit the form within 5 days of the assessment taking place.

<b>Training Provider Name:</b>		<b>Training Provider Number:</b>			
<b>Apprentice Name:</b>		<b>Apprentice Number:</b>			
<b>Apprenticeship Standard:</b>					
<b>Assessment component(s)</b>		<b>Date and method of assessment</b>	<b>Did not undertake assessment</b>		
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>Date issue began:</b>		<b>Is issue continuing?</b>			
		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>		Yes	No
Yes	No				
Please summarise the adverse circumstances affecting the assessment performance					
<b>Current medical/psychological evidence is attached</b>			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				
			<table border="1"> <tr> <td><b>Mark</b></td> <td><b>%</b></td> </tr> </table>	<b>Mark</b>	<b>%</b>
<b>Mark</b>	<b>%</b>				
For incomplete assessments, please indicate mark awarded and percentage of work completed. Attach a breakdown of marks to this form. Training Providers must not enhance marks themselves.					

# Reasonable Adjustments and Special Consideration

<b>Declaration:</b> I am satisfied that the information provided is accurate and fully support the application.			
<b>Name of Training Provider Contact:</b>			<b>Date:</b>
<b>Signature:</b>			
<b>For TQUK Office Use only</b>			
Approved:		Not Approved:	
Rational:			
Decision Maker:		Date:	

## Notes on the completion of the Special Consideration Form

1. Training Qualifications UK has designed this form to ensure that it is easy to understand and complete. However, we have provided some additional guidance for key fields below.
2. Please complete in full a separate form for each Apprentice, for each standard, listing all assessments/components affected in the same standard. However, in cases where a group of Apprentices have been disadvantaged by a particular event (eg fire alarm) a single form should be submitted. A list of Apprentices affected should be firmly attached to the form.
3. Please state on the form the precise nature of the adverse circumstances affecting the Apprentice, including, in the appropriate boxes, the date when the circumstances first began to affect the Apprentice and whether the Apprentice is still affected by them during the assessment.
4. In cases where medical/psychological evidence is required, please ensure that this is securely attached to the form.
5. The head of Training Provider/examinations officer must support an application for it to be accepted.
6. After the publication of results, late applications may be accepted only in the most exceptional circumstances and only before the deadline for enquiries about results for the respective examination series.
7. Please send completed forms to the Quality Assurance Department, via e-mail to [quality@tquk.org](mailto:quality@tquk.org)