

Application for Special Considerations

Special Consideration is a post examination adjustment to an Apprentice's mark or grade to reflect temporary injury, illness or other indisposition at the time of the assessment activity. 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 this will continue during the EPA.

In cases where medical/psychological evidence is available, please ensure that this is securely attached to the form.

Please fill in the details required in the table for which an application is made specifying the EPA component(s) affected.

Apprentice Name:		Apprentice ULN:	
Employer Name:		Standard code:	

Training Provider:		Contact Details:	
EPA Date:	Click or tap to enter a date.	EPA Location	

Date problem began:	Click or tap to enter a date.	Is problem continuing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please summarise adverse circumstances and which part of the EPA this relates to:

Current medical/psychological evidence is attached: Yes No

Declaration: I am satisfied that the information provided is accurate and fully support the application.

Details of the person completing this application

Name (Please Print)	
Relationship to Apprentice	(Training Provider / Employer / Assessor)
Signature	
Date	Click or tap to enter a date.

For Office use: