



## **Application for Special Consideration**

**Candidate Full Name:** ..... **Exam No.:** .....

**Centre Name:** .....

**Address:** .....

.....

**Course:** ..... **Exam Date:** .....

**Examination for which Special Consideration is required:** .....

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.....

**Summary of circumstances affecting candidate:** .....

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.....

**Arrangements made by Centre:** .....

.....

.....

*I declare that the information furnished on this form is true and complete to the best of my knowledge and belief.*

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Centre Head Declaration**

The above applicant has provided all necessary evidence and I am satisfied that the information provided is correct and verifiable. I fully support the application and confirm that the above candidate is entered for the assessments concerned.

**Full Name:** ..... **Position held:** .....

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Centre stamp:**

*Please note:* We do not accept direct communication/correspondence with candidates. Complete this form and hand it to the Centre Head. We should receive this form 8 weeks before the exam date.