**Application for Special Consideration BTEC Qualifications Internal NQF/RQF**

The completed application should be completed and sent to Pearson, Fretwell Road, Hellaby Business Park, Rotherham, S66 8HN or emailed to [uk.special.requirements@pearson.com](mailto:uk.special.requirements@pearson.com)

**Before submitting to Pearson, please check that:-**

* All sections of the forms need to be completed
* A separate form should be submitted and completed for each application.
* Medical and/or psychological evidence is attached (where appropriate)

**Please note the following:-**

* Incomplete and unsigned applications will be returned.
* Certificates cannot be claimed until the outcome of the special consideration has been confirmed by Pearson
* An individual block will be placed on the learner involved until the decision is made.

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| --- | --- | --- | --- |
| Centre Number |  | Centre Name |  |
| Learner Registration |  | Learner Full Name |  |
| Level |  | Qualification |  |
| Units |  | | |
| Assessment Date |  |  |  |

Please indicate the reason Special Consideration is being applied by double clicking the appropriate box.

|  |  |
| --- | --- |
| Special Consideration | Yes |
| Performance during assessment affected by circumstances beyond the learner’s control |  |
| Part of an assessment was missed due to the circumstances beyond the learner’s control |  |
| Alternative assessment arrangements agreed in advance were inappropriate or inadequate |  |
| Learner’s work has been lost |  |
| Posthumous certification |  |

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| Please provide rationale of the adverse circumstances affecting the learner’s performance giving as much detail as possible including any evidence to support the application |
| *Guidance: Provide explanation of what alternative assessment tools or dates have explored, if not why not.* |

**In this section, please provide details of which criteria you are wishing to apply for, along with criteria which has been completed and what is still outstanding**

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| Please provide an explanation of the special consideration you wish to apply |
| *Example: Adjustment of assessment outcome – Exemption of P2* |

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| Please provide details of supporting evidence of the adverse circumstance the learner was faced with at the time of the assessment |
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| Please explain why it will be more appropriate to apply special consideration rather than making alternative arrangements |
| Consider:   * Could the learner transfer down a level in order to achieve a qualification * Could the learner complete at a later date |

**Declaration**

I can confirm the information provided in this application, to my knowledge, is accurate

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| **Name of Quality Nominee** | **Signature of Quality Nominee** | |
|  |  | |
| **Telephone Number** | **E-mail Address** | **Date** |
|  |  |  |
| **Name of Teacher** | **Signature of Teacher** | |
|  |  | |
| **Telephone Number** | **E-mail Address** | **Date** |
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