

**Special Consideration Request Form**

**Introduction**

Please ensure that you have read Interface’s Reasonable Adjustment and Special Consideration Policy prior to completing this form. If you have any queries please contact Interface.

Please complete all boxes providing as much information as possible for this request to be given a fair review.

|  |  |
| --- | --- |
| Title |  |
| First Name(s) |  |
| Surname |  |
| Full Address |  |
| Telephone |  |
| Email |  |

**Consideration Reason**

|  |  |
| --- | --- |
| Course Attending |  |
| Date of Course |  |
| Qualification Title |  |
| Date of qualification assessment |  |
| Name of Assessor |  |
| Details/grounds for Special Consideration |
|  |

**Supporting Evidence and Documentation**

Interface requires all documented evidence to be supplied with a request for a special consideration. Evidence may be in an official capacity, from a relevant professional, that confirms the details of the issue that requires special consideration. Please ensure that any documentation is signed and dated, and that the originator can be identified. Please also provide contact details in case Interface is required to contact the originator for clarification if there is any doubt regarding the suitability or amount of special consideration to be made.

|  |
| --- |
| Please list the documents provided |
|  |

**Incident Details**

Please provide the following information.

|  |  |
| --- | --- |
| Does this request relate directly to an incidentwhere the assessment took place? | Yes/No |
| Was the assessor informed of this incident? | Yes/No |
| Detail of assessor’s response: |  |

**Declaration**

Interface will process this data in accordance with the principles of the Data Protection Act (2018) and General Data Protection Regulations (2018).

I confirm that by completing and submitting this form I give consent to the processing and retention of this data and have read and understand the Interface’s Reasonable Adjustment and Special Considerations Policy. I have supplied accurate information which to the best of my knowledge and understanding is correct.

I accept that Interface will process and store the information provided in an electronic format and I agree that it may be used for any purpose deemed relevant to this request and will be retained for as long as the information is required.

|  |  |
| --- | --- |
| Name |  |
| Signed |  |
| Date |  |