**E2A APPLICATION FOR SPECIAL CONSIDERATION**

Please complete and send a copy to us by email, directly to complianceandregulation@skillsedugroup.co.uk within **10 working days** of the examination (Cf. Centre Guidance when applying for Special Arrangements).

|  |  |
| --- | --- |
| **Centre ID / UKPRN** |  |
| **Centre name** |  |
| **Learner Reg. ID** |  |
| **Candidate name or Assessment ID[[1]](#footnote-1)** |  |
| **Assessment Date/Session**  |  |
| **Qualification Code** |  |
| **Qualification Title** |  |

|  |
| --- |
| Summary of adverse circumstances affecting performance in assessment: |
|  |
| Evidence in support of the applicationThis may include:* Medical or psychological evidence
* Statement from the invigilator

Please provide details of supporting evidence below: |
|  |
| Declaration:I confirm that the information provided is accurate. |
| Name |  |
| Position in centre |  | Date |  |

1. Quote Assessment ID from the EX4/EX4e if applying on behalf of the whole cohort. [↑](#footnote-ref-1)