

Request for Variation to Assessment Method

Please complete this form and return to

<u>Complianceandregulation@skillsedugroup.co.uk</u> Should you have any queries please contact our Compliance and Regulation Team on 0115 854 1632. We aim to provide a written response within five working days. If we require any additional information a member of our team will be in touch.

Your name:		
Your position:		
Centre name:		
Phone number:		
Email address:		
Name of qualification(s):		
Course ID(s):		
Number of learners affected:		
Please provide us with full details as to why the variation is necessary:		
Please provide full details of your proposed amendment to the current		
assessment method:		

Created: Oct 2020 9020 Variation to Assessment 20-21



	ny additional controls that will be put in place to	
ensure the continued integrity	or the assessment:	
Declaration		
On behalf of my centre, I confirm	m that I have read the Skills and Education	
Group Awards Delivering and Assessing Qualifications document and confirm that the proposed assessment will be delivered in accordance to this document. I		
•	essment Method at any time by providing written	
instruction to the Centre.		
Your name:		
Date:		



OUTCOME OF REQUEST -

To be completed by Skills and Education Group Awards only

Request Approved / Declined:	
Rationale for decision:	
Additional actions required:	
Authorised by:	
Date:	

Skills and Education Group Awards can withdraw an agreement to a Variation of Assessment at any time by providing written instruction to the centre.