

Special Consideration Request Form

Use this form to request special consideration for an individual learner.
Please send a copy of this form and any supporting documentation to RTITB.

Employer Name:	
Training Provider Name:	

Learner Details	
Forename:	
Surname:	
Registration Number/ Unique Learner Number <i>(if applicable):</i>	

Course/Apprenticeship Details			
Course/Apprenticeship Name:			
Start Date:		End date:	
Assessment type: <i>(theory, practical etc.)</i>			
Assessment date:			

Please state the precise nature of the adverse circumstances affecting the learner, including, in the appropriate boxes, the date when the circumstances first began to affect the learner and whether the learner is still affected by them during the examination

Summarise adverse circumstances affecting the assessment performance:

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Details of supporting evidence:

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Declaration

I am satisfied that the information provided on this form is accurate and fully supports the application

Name:			
Position:			
Email:		Contact number:	
Signature:			
Date:			