

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. Please send to epa@rtitb.com

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

Give details of events and circumstances that affect the learners assessment performance.

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Details of supporting evidence. Give specific dates and names as to how the learner is affected or adversely affected in relation to the special consideration.

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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:			

RTITB USE ONLY

Authorised or Declined:	
Date responded and communicated:	
Date added to MI information:	
Signature:	