

Focus Awards Request for Special Consideration Form

Please complete this request for special consideration form and return, using the email address/postal address below, to Focus Awards. We will acknowledge receipt within 48 hours and explain what action will be taken next.

Name of Centre:	
Address:	
Telephone number:	
Email address:	
Qualification Details	
QRN:	
Qualification Title:	
Unit Name:	
Unit Number:	
Date of Assessment	
Please tick one of the options below:	
Did not complete assessment <input type="checkbox"/>	Sat assessment but was disadvantaged <input type="checkbox"/>
Summary of adverse circumstances affecting the assessment (Please note, stating 'see attached' will not suffice)	
Current medical / psychological evidence is attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For incomplete assessments, please indicate the mark awarded and the percentage of work completed. A breakdown of the marks must be attached and Centres must not enhance the marks themselves.	
<i>Please note: in the majority of cases, units taken by the learner will form the basis of the decision on the special consideration.</i>	
Declaration	The above application is fully supported by evidence and I am satisfied that all the information provided is correct and verifiable.
Name (Please Print):	
Signature:	
Date:	