

Special Consideration Application Form for Corporate and Professional Qualifications

Before completing this form you should read the [Special Consideration Policy for Corporate and Professional Qualifications policy](#). If you have any queries please call us on +44 (0)1227 818609 or email support@libf.ac.uk. **You must return the completed form together with the supporting evidence within 5 working days of first notifying us.** Please note that incomplete application forms may not be accepted.

SECTION 1 – CONTACT DETAILS

LIBF number _____

SECTION 2 – SPECIAL CONSIDERATION APPLICATION

Qualification name: _____

Assessment name: _____

Assessment date: _____

Does this application relate to an incident at the assessment venue? Yes No

Was the invigilator informed about your concern(s)? Yes No

Does this application relate to health / personal circumstances Yes No

Please provide full details about the circumstances that led to this application, including dates and times relevant to your studies.

Continue on a separate sheet if necessary.

SECTION 3 : EVIDENCE

Please confirm what evidence you are providing to support your claim. You should only send photocopies or scans as we are unable to return original documents. If evidence is to follow please explain why:

- Medical appointment / Health certificate
- Death Certificate
- Letter (on headed paper) of support / explanation from a Line Manager / HR at place of employment.
- Letter from GP / Medical practitioner, relevant to the circumstances of your application.
- Other (please state): _____

If your application is successful what would be your preferred outcome?

YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our **Privacy Notice** (www.libf.ac.uk/privacy).

DECLARATION

- I declare that the information contained in this form is true and accurate, consent to the processing and use of personal data as outlined in the **Privacy Notice** and accept our **terms and conditions**.
- I confirm that by completing and submitting this form and associated evidence, I give consent to the processing and secure storing of the evidence provided.

Signed _____ Date _____

Please note that all unsigned forms will be returned and will result in a delay in the processing of your enquiry

Please submit your completed application form together with your supporting evidence by email to support@libf.ac.uk

INTERNAL USE ONLY: PROGRAMME MANAGER COMMENT