

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.

