

# Special Consideration Application Form

Applications to be made within 5 working days of the examination date.

For further information regarding special consideration requirements please refer to the Special Consideration policy available online [here](#). Please return this form to [fcexams@libf.ac.uk](mailto:fcexams@libf.ac.uk)

## SECTION 1 – LEARNER DETAILS

Centre name \_\_\_\_\_  
Student name \_\_\_\_\_ LIBF number \_\_\_\_\_

## SECTION 2 – EXAMINATION DETAILS

Qualification \_\_\_\_\_ Unit \_\_\_\_\_  
LIBF e-test  Yes or Exam Session Number \_\_\_\_\_ Exam Date \_\_\_\_\_

## SECTION 3 – SPECIAL CONSIDERATION DETAILS

Please give all the relevant details for requesting special consideration of the above examination.  
Please also confirm if the student completed the exam, did not finish the exam or was not present.

## SECTION 4 – 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](http://www.libf.ac.uk/privacy))

## SECTION 5 – DECLARATION

- I declare that the information contained in this form is true and accurate and consent to the processing and use of personal data as outlined in the **Privacy Notice**.
- 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.
- I confirm that I have read and understood the **Special Consideration Policy**.

Examinations Officer Signature \_\_\_\_\_ Date \_\_\_\_\_