**RA3 APPLICATION FOR SPECIAL CONSIDERATION**

Please complete and send a copy to us by email, directly to [Customersupport@BIIAB.co.uk](mailto:Customersupport@BIIAB.co.uk) within **10 working days** of the examination (See Centre Guidance when applying for Special Arrangements).

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| --- | --- |
| **Centre ID / UKPRN** |  |
| **Centre name** |  |
| **Learner Reg. ID** |  |
| **Learner / Apprentice Name** |  |
| **Assessment Date/Session** |  |
| **Qualification Code** |  |
| **Qualification Title** |  |

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| Summary of adverse circumstances affecting performance in assessment: | | | |
|  | | | |
| Evidence in support of the application  This may include:   * Medical or psychological evidence * Statement from the invigilator   Please provide details of supporting evidence below: | | | |
|  | | | |
| Declaration:  I confirm that the information provided is accurate. | | | |
| Name: |  | | |
| Position in Centre: |  | Date: |  |