**RA3 APPLICATION FOR SPECIAL CONSIDERATION**

Please complete and send a copy to us by email, directly to 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 applicationThis 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: |  |