**Special Considerations Application Record for**

**End-Point Assessment**

**Application for special considerations for apprentices/learners undertaking end-point assessment.**

Please complete all sections of the form.

|  |  |
| --- | --- |
| **Training/Employer Provider:** |  |
| **Apprentice/Learner Name:** |  |
| **Name and Job Title of Person Submitting the Claim:** |  |

Please detail which standard and which assessment activities require special consideration:

|  |  |  |  |
| --- | --- | --- | --- |
| **Standard for End-Point Assessment/Qualification Title** | **Assessment Activity** | **Level** | **Assessment Date** |
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Summary of the circumstances that affected the apprentice/learner:

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Please list any supporting evidence supplied with this request, if available:

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| --- | --- |
| **Signed by (Provider/Employer/EPA):** |  |
| **Print Name:** |  |
| **Date of Application:** |  |

**Please return the completed form and supporting evidence to:** [**epasupportservices@professionalassessment.co.uk**](mailto:epasupportservices@professionalassessment.co.uk)

For Professional Assessment use only:

|  |  |
| --- | --- |
| **Request Approved/Not Approved:** |  |
| **Adjustment details planned during EPA (where approved):** |  |
| **Name of decision maker and date:** |  |