**Special Consideration Request**

This form can be used to apply to SIAS for special consideration as defined by the Reasonable Adjustments policy. Please ensure that you apply for special consideration as soon as you become aware of an issue that would require a special consideration. This form should be submitted no later than 7 days after the assessment date. Please email the completed form for the attention of SIAS clearly marked as an application for Special Consideration to admin@siasuk.com

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| **Apprentice Information** |
| Apprentice Name |  |
| Standard Name |  |
| Date of Request |  |
| Date of Assessment |  |
| Name of Requester (if not apprentice) |  |
| Job Title/Position (if not apprentice) |  |

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| **Special Consideration** |
| Please set out clearly and concisely details of the circumstances that you believe have affected your performance in the assessment: |
| Please provide the precise details of the period(s) affected by your circumstances: |
| Please list the supporting evidence you have attached to this form in support of your application for special consideration: |

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| **Apprentice Confirmation** |
| Date of Submission |  |
| Full Name |  |
| Signature |  |

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| **SIAS Use Only** |
| Date Received |  |
| Information Attached? Yes/No |  |
| If No, Date Further Info Requested |  |
| Approved Yes/No? |  |
| If No, State Reason(s) |  |
| Date Approved |  |
| Date Response Sent |  |