

## **Special Consideration Request Form**

## Introduction

Please ensure that you have read Interface's Reasonable Adjustment and Special Consideration Policy prior to completing this form. If you have any queries please contact Interface.

Please complete all boxes providing as much information as possible for this request to be given a fair review.

Title	
First Name(s)	
Surname	
Full Address	
Telephone	
Email	

## **Consideration Reason**

Course Attending	
Date of Course	
Qualification Title	
Date of qualification	
assessment	
Name of Assessor	

Details/grounds for Special Consideration		
Supporting Evidence and Documentati	on	
Interface requires all documented evidence to be	supplied with a request for a special consideration.	
Evidence may be in an official capacity, from a rele	·	
	nsure that any documentation is signed and dated,	
and that the originator can be identified. Please al		
required to contact the originator for clarification		
amount of special consideration to be made.		
Please list the documents provided		
riedse list the documents provided		
Incident Details		
Please provide the following information.		
<b>0</b>		
Does this request relate directly to an incident	Yes/No	
where the assessment took place?	·	
Was the assessor informed of this incident?	Yes/No	
Detail of assessor's response:		

## **Declaration**

Interface will process this data in accordance with the principles of the Data Protection Act (2018) and General Data Protection Regulations (2018).

I confirm that by completing and submitting this form I give consent to the processing and retention of this data and have read and understand the Interface's Reasonable Adjustment and Special Considerations Policy. I have supplied accurate information which to the best of my knowledge and understanding is correct.

I accept that Interface will process and store the information provided in an electronic format and I agree that it may be used for any purpose deemed relevant to this request and will be retained for as long as the information is required.

Name	
Signed	
Date	