

SECTION THREE – DETAILS OF SPECIAL CONSIDERATION APPLICATION AND GROUNDS FOR IMPAIRMENT

Please select the impact and grounds of the impairment you wish to be taken into consideration. It is your responsibility to provide sufficient details and documentation to support your application. Incomplete applications will be declined. The following documents **must be attached** to your application in order for it to be considered:

- **Personal illness / injury** – signed evidence from a Registered Medical or Dental Practitioner, Registered Midwife, Registered Psychologist or Wintec Counsellor on this form – see Section Five.
- **Bereavement** – This must include details of the nature of the relationship that led to personal grief and a copy of the death notice. (Documentation should be provided in English.) Supporting documentation from a Wintec Counsellor should also be included if the bereavement is not that of a direct or close family member.
- **Exceptional circumstances** – for exceptional circumstances beyond your control evidence is dependent on the circumstance, but you must prove the circumstances are both exceptional, outside of your control and could not be mitigated through effective time management.

3.1 Details of your impairment

Impact of Impairment (tick one)

Unable to attend assessment

Prevented from preparing for assessment

Seriously impaired in the performance in examination

Grounds for Impairment (tick one)

Personal illness/injury

Bereavement

Exceptional circumstances

3.2 Summary of the impact this impairment has had on your assessment/examination (please attach additional sheets if necessary):

SECTION FOUR – STUDENT DECLARATION

I declare the information provided on this application and attached documents is correct and complete. I authorise my Registered Practitioner to release information to Wintec for assessment purposes.

I have attached the following document(s) in support of my application (please tick the relevant box(es)):

Personal illness / injury

Signed evidence from Registered Practitioner

Bereavement

Details of nature of relationship

Copy of death notice

Supporting documentation

Exceptional Circumstances

Evidence circumstances are exceptional

Signature

Date

OFFICIAL USE ONLY

APPROVAL (To be presented at Programme Committee as per policy)

Extension Granted Alternative Date/Time

New Submission Date:

Granted Resubmission Granted

New Resubmission Date:

Resit Granted

New Exam Date:

Aegrotat Supported

DECLINE - please state the reason for decline

Name of Assessor

Date reported to PC if applicable

Signature of Assessor

Date Returned to SEIC

Signature of HOS/CD

Date outcome letter sent

SECTION FIVE – PRACTITIONER DECLARATION & ASSESSMENT

If you are submitting an application for Special Consideration based on personal illness or injury this page must be completed and signed by a Registered Medical or Dental Practitioner, Registered Midwife, Registered Psychologist or Wintec Counsellor.

An application for Special Consideration may be taken into account if there are genuinely serious problems or exceptional circumstances beyond the control of a student which have adversely affected their performance in an internal assessment, test or examination. This may include personal illness or injury. The nature and severity of the personal illness or injury and the impact of the impairment on the student's preparation or performance will be considered.

I certify that I examined:

5.1 Student's Name

5.2 Date Examined

5.3 Please describe the nature of the student's personal illness or injury

(Please attach an additional sheet if further space is required)

5.4 Using the table below, please indicate the severity and impact of the student's illness or injury on their assessment preparation

Severity of illness or injury	Description of impact (please tick which applies)
Minor	Illness, injury or circumstance that falls within the range of normal experiences that any student would face during assessment periods. There is little to no impact on the preparation for, or performance in, an assessment. Minor illness, injury or circumstance will not affect attendance or the submission of assessment items.
Moderate	Illness, injury or circumstance that probably falls outside the range of normal experiences that any student would face during assessment periods. There probably is substantive or significant impact on the preparation for, or performance in, an assessment. Moderate illness, injury or circumstance will possibly affect attendance or the submission of assessment items.
Major	Illness, injury or circumstance that clearly falls outside the range of normal experiences that any student would face during assessment periods. There clearly is substantive or significant impact on the preparation for, or performance in, an assessment. Major illness, injury or circumstance is likely to affect attendance or the submission of assessment items.

5.5 Registered Practitioner's Name

5.6 Signature

5.7 Date

5.8 Practice Address

5.9 Telephone Number