

iam Application for Special Consideration

Centre name and number	
Candidate name	
Candidate number (where available)	
Qualification and/or unit number/code	
Qualification title and level	
Date of the assessment session (month and year)	
Summary of adverse circumstances affecting the candidate's performance in the assessment	
List of other units of the qualification already achieved and provide outcomes	
Estimated result for the candidate	
Details of other candidates of comparable standard	
Evidence to support the application	

I declare that the information is accurate and conforms with the guidance of the **iam**.

Signature:

Date: