



Application for Special Consideration Form

Candidate Full Name: BCE Exam No.:

Centre Name: Centre Number.:

Address:

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Qualification Code: Qualification Title:

Month & Year Exam was taken:

Special Consideration Impairment:

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Summary of circumstances affecting candidate:

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Centre Special Consideration Conformation:

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I declare that the information furnished on this form is true and complete to the best of my knowledge and belief.

Candidate Signature: _____ Date: _____

Centre Head Declaration

The above Candidate has provided all necessary evidence and I am satisfied that the information provided is correct and verifiable. I fully support the Application for Special Consideration and agree that the candidate is entered for the assessment concerned.

Full Name: Position held:

Signature: _____ Date: _____

Centre stamp:

Please note: We do not accept direct communication/correspondence with candidates. Complete this form and hand it to the Centre Head. We should receive this form 8 weeks before the exam date.