This form must be used by centres to apply for special consideration on behalf of an individual learner. Applications must be made on a case-by-case basis. Please complete a separate sheet for each learner.

Applications must be must be submitted to Open Awards by an authorised manager of the centre and made as soon as possible after the assessment (and no more than seven working days of the end of the assessment period). Special considerations will not be considered once learner achievement has been claimed and certificated.

**Completed forms must be uploaded to the Secure Portal for consideration by Open Awards Head of Quality and Standards. Forms must be accompanied by appropriate supporting evidence.**

|  |  |  |  |
| --- | --- | --- | --- |
| Centre Name |  | Open Awards Centre Number |  |

|  |  |
| --- | --- |
| Date of assessment |  |
|  |  |
| Time of assessment *(Functional Skills only)* |  |
|  |  |
| Component *(Functional Skills only)* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Learner Name\* | Learner ID | Course Run ID | Qualification/Unit Title  | Unit No/Code  | Level |
|  |  |  |  |  |  |

*\*We would normally expect individual SC1 forms to be completed for each learner. If you are applying for a group of learners, please insert additional rows as required. Make sure to provide supporting evidence for each learner.*

|  |  |
| --- | --- |
| Date problem began |  |
|  |  |
| Is the problem continuing? |  |

|  |
| --- |
| Please summarise below details of the adverse circumstances affecting examination or coursework assessment performance in the space below: |
|       |

|  |
| --- |
| Please provide supporting evidence. This may include one or more of the following:* Statement from the invigilator/verifier
* Medical or psychological evidence

Details of supporting evidence attached (please list): |
|       |

|  |
| --- |
| Please provide details of the special consideration you would like to be considered: |
|       |

**Centre Authorisation**

|  |  |
| --- | --- |
| **I confirm that:** |  |
| The information in the application is accurate | [ ]  |
| All information required by Open Awards to make a decision is provided on this form | [ ]  |
| The request is being made by an individual authorised to make the request on behalf of the centre | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role in organisation** | **Signature** | **Date** |
|  |  |  |  |

**Open Awards Decision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approve | [ ]  | Reject | [ ]  | Defer | [ ]  |

**Rationale for decision:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role in organisation** | **Signature** | **Date** |
|  |  |  |  |

**Please retain a copy of this form for at least 3 years from the end of the year to which it relates.**

|  |
| --- |
| All information provided on this form will be held securely on our database and only used for the purposes provided. Full details on how we use and protect your data are available in our [Privacy Notice.](http://openawards.org.uk/privacy-policy/) Open Awards tries to meet the highest standards when collecting and using personal information. Customers are encouraged to email info@openawards.org.uk if you believe any data to be incorrect, unfair, misleading or inappropriate. |

Please submit your completed form via the Secure Portal.