**Special Consideration/Deferral Request Form**

**Please complete all fields and submit this form to the NCTJ exams team within two days of the assessment date.**

|  |
| --- |
| **THIS SECTION TO BE COMPLETED BY THE NCTJ** |
| Request Approved? Yes  No  Date of approval:  **Please Note: all deferred exams must be re-booked with the NCTJ** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Centre no** | |  | **Centre name** | | |  |
| **Candidate URN** | |  | **Candidate name** | | |  |
| **Qualification or end-point assessment title the candidate is registered on** | | |  | | | |
| **Assessment title(s)** | | | **Date of assessment** | **Deferral requested**  **Y/N** | **Special**  **consideration requested Y/N** | |
| **1** |  | |  |  |  | |
| **2** |  | |  |  |  | |
| **3** |  | |  |  |  | |
| **4** |  | |  |  |  | |
| **5** |  | |  |  |  | |
| **6** |  | |  |  |  | |
| **7** |  | |  |  |  | |
| **Date problem began** | |  | **Is problem continuing** | | **Yes/No** | |
| **Summarise reason for deferral or adverse circumstances affecting exam performance, controlled assessment or coursework (n.b. ‘see attached’ will NOT suffice)** | |  | | | | |
| **Current medical/psychological evidence is attached (please tick box)** | | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration: I am satisfied that the information provided is accurate and fully supports the application.** | | | |
| **Signature** |  | **Date** |  |
| **Position (e.g. head of centre/exams officer) if applicable)** | |  | |
| **Name (please print)** | |  | |
| **Signature** | |  | |

**Please note:** if the above request is for a deferral that is subsequently approved, the deferred exam must be sat on a scheduled exam date within the same academic year. If a candidate fails to sit a deferred exam as agreed by the NCTJ, no refund or further deferral will be made.