**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.**

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| **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**  |

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| **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)** |  |

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| **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.