



Please use a separate form for each candidate. The candidate’s teacher/tutor must complete the two page form below and email it with any supporting documents to **csqa@istd.org** no later than five days after the date of the examination.

If requesting special consideration for a group of candidates who were impacted by the same adverse effect, please write to us directly at **csqa@istd.org** and include the exam session reference, date of exam, details of the reason for the request, names and pin numbers of the candidates affected.

Centre name:

Teacher's full name:

Teacher's membership number:.....

Teacher's email address:

Exam session reference:

Date of exam:

Please enter the details of the candidate who was disadvantaged at the time of the examination. If you are requesting special consideration for more than one candidate, a separate application must be completed for each candidate.

Candidate name(s)	PIN number	Dance genre	Exam level

Please state the circumstances – in fewer than 200 words – that have led to this application and the effect this has had on the candidate to help us determine an appropriate outcome for this application.

Explanation of circumstances affecting the candidate who is the subject of this application	Relevant date(s)



To support your application, accompanying evidence and/or doctor's certificate where applicable should be emailed to csqa@istd.org with this form.

I have attached supporting documentation: Yes No

I can confirm that I am fully satisfied there has been a material detrimental effect on the candidate's examination performance as a result of these circumstances.

I confirm that the candidate/the candidate's parent/guardian has provided me with a signed consent form to share the candidates information with ISTD for the purpose of reviewing this application for special consideration.

Teacher's name:

Teacher's signature (Please e-sign or type your signature into this box to signify that you consent.)

Date: