



APPLICATION FOR SPECIAL CONSIDERATION FORM

This form must be completed after a written examination has taken place and only if the assessment has been affected by adverse circumstances. It does not apply to practical examinations and assessments. Please return the form directly to the Customer Services and Quality Assurance Department within 7 days of the examination, as this must be received prior to results processing. Please contact the department if you need further assistance on 0207 377 1577 or email customerservices@istd.org.

Centre Name:

Contact email.....

Candidate Name	PIN Number	Qualification	Unit Name
e.g Jane Smith	123456	DDI	Promotion of Health and Safety in Dance

Details of circumstances with accompanying evidence (attach doctors certificate if necessary)

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For each candidate please attach:

- 1 Original evidence of coursework achievement, including marks as appropriate
- 2 A statement from the tutor of the ability of the candidate and the level of marks anticipated at the point of examination

Additional Comments

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Principle/ Quality Assurance Officer of Centre	Name: Signature:
Tutor of Candidate/s	Name: Signature:
Invigilator	Name: Signature:
Second Invigilator(if applicable)	Name: Signature:

Please note: This will not apply for portfolio or journal submissions which are created over a period of time.